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VOL. III.

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EDITED BY

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ORIGINAL COMMUNICATIONS.

ART. I.—*Valedictory Address* to the Graduates in Medicine of McGill College, on their receiving the Degree of Doctor of Medicine and Surgery, conferred by convocation, May, 1855. By WILLIAM SUTHERLAND, M.D., Professor of Chemistry, McGill College.

Not with reluctance most certainly, but with hesitation, have I consented and with diffidence do I undertake to address you to-day; inasmuch as I am conscious that gratulation and counsel would come with more grace and higher authority from others of your late teachers; yet I felt that I could not with propriety have refused the call of the Dean of our Faculty, and for this then, with the full knowledge of my disqualification, I take part in the ceremony of your graduation.

A ceremony at once of joyous and grave interest to the parties interested, yourselves and us; joyous to both, for you have passed a long period of study, varied and multiform, and have now received the academic degree which is the reward of its successful termination; to us, for we conceive that our tuition has conduced towards the happy result; grave on the other hand it is, for while we rejoice, we, who have for months daily watched and measured, and perhaps helped to develope your faculties—we know full well the anxieties of the life which is before you, and we cannot regard your entrance into the social struggles for position without solicitude; for in reality our interest in you does not cease with your examination and the crowning events of to-day;—on the contrary we hope that our appreciation of your abilities, and our anticipations of your success, will not be disappointed; and that the recognition of your capacity by others than ourselves, will fully bear out our estimation of you. It is thus that we trust to uphold and elevate the reputation of our University; to succeed in this, we know that our efforts contribute many, but not all, of the elements required—some, a great portion indeed, of which must be derived from the graduates

whom we send forth to the world; whose reputation bad or good must, by a species of reflex action, throw on us a shadow or a lustre; for our Profession and our College, now common to us both, must thus, by the swelling tide of returning fame be presented as exhibiting a broader direction and a more extended utility; or deprived of all such auxiliaries of strength and adornment, it may exist it is true, but unillustrated, isolated, barren. But while we are anxious that the number of our graduates should increase, we are determined that their standing shall in no manner be reduced to the level of mediocrity or the reach of indolence. We cannot prostitute our calling by meretricious acts of so styled liberality evinced by the facility with which our degree may be obtained; and yet for the practical observance of this principle we have been denounced, even threatened, the culminating extent of which, as you may anticipate, is the withdrawing of the patronage of those whose odium we have thus incurred; need I say that we are undeterred and shall make our standard---that which it has ever been---high. What! are we, think you, to receive all without discrimination or test? would such a course benefit the country or the parties themselves? can any one suppose that by aiming less high we can attain anything like eminence? or that by depressing the grade of education we increase its power and consequent influence? No, no, if facilities in passing and in studying are thus to be confounded rather let us cease from our labour, or delegate it to others less scrupulous, but mayhap in this wise, more agrarian, more popular.

This is an epoch in your life---after a period of several years study---during which your faculties have been trained and quickened, your memory taxed and strengthened to accuracy, and the "book and volume of your brain" inscribed with clear and legible characters—you have steadily taken advantage of your opportunities, till now on a parity with your late teachers; no longer are you expected, as of old were the disciples of philosophy, jurare in verba magistri; but are given the full scope of your judgment, and the free exercise of your faculties; no longer boys; no longer under academic control, or parental subsidy---proud of your young strength, exulting in your future---you are about to test the principles and knowledge which you have so industriously acquired---you are to assume all the responsibilities of manhood---you must be equal to its constant requirements and superior to its depressing cares. Your relations with the world will not solely be medical, other duties, than professional, will claim your attention, or call for your action; and thus, therefore must you cultivate the social as well as the doctoral amenities. To your patients you must bring the very function of your capacity, not languidly or coldly---but actively and sympathisingly---for it is quite

possible to have intellect to illumine a whole region, and not sympathy enough to cheer a fireside. Your perception and judgment must ever be on the alert, seldom can you manage similar cases in a like manner, not often will the symptoms as detailed in books be recognised in the same sequence or in equal prominence; age, sex and temperament modify them and compel you to pause---to qualify or change your first impressions; but to pause is not to hesitate, and to reflect is not to doubt;---to weigh well is not to blindly grope, and hence whatever may be the standard of your faculties be not ashamed of caution, and this the rather in chronic cases, which, making the rounds of the profession, will doubtless in turn fall to your lot; be not alarmists, and yet when you perceive clearly the inevitable result, never hesitate in communicating the opinion to those interested, and need I say in language prompted by the dictates of feeling; there is a tacit admission among all gentlemen, that what is said should never be repeated, to the prejudice of the parties—this principle, so essential to the intercourse of society, in a yet higher application affects us, and hence one of our professional ethics is secresy in everything touching the cases under your management. Daily placed in circumstances the most opposite, by the side of approaching death, or the couch of returning health, or presiding at nature's most affecting and arduous travail, or with surgical skill removing or repairing morbid parts, in all these you must maintain for yourselves the alliance of every power of mind which can minister, or soothe, or cheer, or inspire trust.

In your intercourse with your professional brethren you must be guided by the highest of moral qualities—charity, which is "not puffed up, and thinketh no evil;" don't regard all others as your inferiors, don't depress the standard of your neighbor's ability, hoping thereby---yourself the arbitrator---to be deemed logically his superior because his critic; there is something essentially mean in wishing and attempting to get the better of any one; the only competition worthy of manhood is that with oneself; it is not honorable, it is not even politic to depreciate a competitor, to do so is just by so much to subtract from the merit of equalling or surpassing him. It is unworthy of a man to go out in all his strength to contend with an imbecile, among such one may indeed be the best, and yet a very onarch---a prince of asses. Hold pleasant and equal communion with your *confreres*, lay aside narrow considerations, bring your information your opinions, your experience, which "prompts something like prophetic strain" into the common stock, so that by comparison the good may be retained and rendered available to all. Do not, because you have obtained your degree, discontinue your mental cultivation; yet study, yet lay up stores, this is, indeed, now more required than before; every faculty must be maintained at its highest mark; yours is not

a profession which permits of agreeable dalliance and pleasant coquetting with duties; bow to your senses and infallibly sloth will enervate---emasculate you; cultivate all your endowments, physical and intellectual, and you will be strengthened and sustained in your purpose and in your toil: for in reality your physical endurance will be taxed as much as your mental, and as fatiguingly; often will you with no laughing recollection recall Acre's courage oozing from his finger's ends, when you fancy your own strength oozing out of every pore, and this especially when universal panic extends over the land, and when you will form part of a small yet devoted band on whose abiding labor the community depends for cheering influence, for hope and for life; gird up your loins for such exigencies which try the "heart and reins." But, while there is much to excite anxiety there is likewise much to inspire and sustain, and even to make you mayhap elate, but never I trust arrogant; bear no haughty crest because success may follow in your footsteps; place not too high a valuation on your apparent triumphs over disease, but let all be referred to the Great Physician whose instrument you, for the time, are, and let your duties and your actions concurrently illustrate and proclaim the Dweller on High. And now, brothers in profession and in feeling, for have we not often taken counsel together, go forth; the dawn of your day already has arisen, it rosily floods your horizon; in your meridian go forth to your toil, do your utmost to "stay the pulse of ebbing life, to arrest the infected winds, or to smite the hungry spectre of the grave;" go---fulfill your mission, and in the eventide verily you shall have your reward.

ART. II... *Synchronous Double Amputations.* By W. Marsden, M.D., Governor Col. Phy. and Surgeons, L.C., &c.

Nelson's American Lancet contains an article from the pen of Wolfred Nelson, M.D., Montreal. entitled, "Simultaneous procedure in Double Operations," in which allusion is made to the propcsal of Prof. Carnochan, of the New York Medical College, "to convert the double operation into one, by severing the limbs in immediate succession, as soon as the anœsthetic influence of chloroform is produced, where it becomes necessary to amputate both limbs."

This subject is one of some importance in our northern latitudes, where from accidents of climate the necessity of double amputation is not of unfrequent occurrence.

Dr. Nelson says, "I was of opinion many years ago, that when the terrible alternative is presented both members should be removed simul-

taneously, and carried my views into effect in the case of a gentleman who had both hands and lower part of the forearms frozen so severely that gangrene ensued. His constitution had much suffered from his exposure to intense cold during a whole night. A very able surgeon of this city was kind enough to amputate one arm, whilst I operated on the other at the same time. Chloroform was resorted to, but entire anœsthesia could not be produced, and our patient was conscious during the operation, but complained of no pain. The business was soon over, and the cure sufficiently rapid." After a description of the operation, Dr. Nelson thus continues, "Whenever the unfortunate necessity for the severance of both legs occurs I would by all means give the preference to simultaneous procedure, in order that the system may not be subjected to two distinct shocks."

Dr. Nelson seems to be under the impression that his operation was a maiden one of its kind: in this, however, he is mistaken. As he has omitted to give the date of his operation, I can only approximate time from his statement that "Chloroform was resorted to," &c.

The Synchronous Double Amputation was twice performed in this city, most successfully and satisfactorily, several years before the use of Chloroform was introduced; and the claim to priority in double simultaneous amputation belongs, I believe, of right to Dr. Morrin, our excellent and worthy Mayor. The first case in which the operation was performed was in the Spring of the year 1832. The subject was a shipwrecked sailor who had been severely frozen, and was a patient in the Hotel Dieu Hospital, and being in a fit state for amputation, the necessity being equal in both limbs, Dr. Morrin proposed the synchronous double operation, urging its expediency in terms similar to those used by Dr. Nelson. One of his associate Surgeons, however, opposed and denounced the experiment as cruel and unheard of, and declined even to witness the operation, but the other, the late Dr. Wm. Hall, concurring in Dr. M.'s views, the operation was performed with most triumphant results, among which were the comparatively slight nervous shock, the small loss of blood, and the rapidity of recovery.

The next case, of which I was a witness, was also at the Hotel Dieu, and as the success of the former operation had been so complete, the opposition of the gentleman before referred to was converted into approbation; Drs. Joseph Parant and Sewell again operated in 1837 with a success equal to the first case. The subject of this operation is now an inhabitant of your good city. His name is Portugais, and he drives his tandem, thanks to the benevolence of your Mayor and Corporation. He may frequently be seen riding in adog-cart,—not withstanding the law to the contrary,—and dealing in oysters.

Again, in 1848, Drs. Douglas and Sewell performed double simultaneous amputation at the Marine and Emigrant Hospital.

In the first mentioned two cases, neither opium, ether, or any other anæsthetic agent was used, and the patients did not seem to suffer more than in cases of single amputation.

My own conviction is, that recovery is more rapid under the simultaneous double operation than under the double interrupted amputation. It is obvious that by the removal of both limbs at once, the nervous irritation that the unamputated limb occasions is done away with, and the mental disquietude that the patient always suffers in anticipation of the second operation is avoided, besides saving the time that is usually necessary for the patient to recover his strength and tone after the first nervous shock. But more than this, the saving of the vital fluid tends materially to the rapid recovery, as well as the abridgement of the duration of suffering. The quantity of blood lost in the double simultaneous operation is little, if any greater, than in each single amputation of the same member; and, in this view, I am supported by the opinions of all the gentlemen who have operated, or assisted at these operations.

ART. III.—*Hydrocephalic Fœtus*—Turning and Craniotomy—Recovery of the Patient. By James M'Mahon, Physician and Surgeon, Dundas, County of Wentworth, C. W.

I was summoned at 4 o'clock P.M., on the 17th April, 1855, to attend Mrs. J. D., aged 26, then in labour with her third child; and on examination found the os uteri dilated to about the size of a crown piece, the membranes protruding but of rather a conical form, pains slow but regular; at making another examination at 7 o'clock P. M., I found the os uteri well dilated and the membranes protruding into the vagina but of the same shape [previous to this, 7 P. M., I did not wish for fear of rupturing the membranes to persist in ascertaining the presentation], but, during the examination at this time, to detect what part was really presenting, the membranes gave way contrary to both my wishes and expectations; an immense quantity of liquor amnii came away at one rush, I think fully as much as three pints. After the membranes were ruptured I was both surprised and disappointed, and not a little perplexed, at being unable by the usual mode of determining or finding out what the presentation was. From this time 7 P. M., until 10 P. M. I left everything to nature; during which time the pains were slow, irregular, of short duration, and of no avail. I then gave two scruples of

secale cornutum in infusion which produced an effect, so that at 11 o'clock P. M. I succeeded in detecting a presenting part, which must have been the side of the head; at that time I could not say decidedly that it was owing to a feeling of fluctuation. However at a few minutes to 12 o'clock P. M. I succeeded in distinctly feeling the ear. After considering for a short time I came to the conclusion that delivery could not be effected in that position even by the forceps, owing to the head being too far above the brim of the pelvis, and also to an evident disproportion which I discovered on further examination. I accordingly concluded on turning which I succeeded in effecting after some time and considerable difficulty, by first seizing the left foot, the right one being forced into the vagina by the uterine contractions. But after having delivered the body I found it impossible after long-continued and cautious manipulations in the usual manner, to deliver the head. After being satisfied that the child was dead, I introduced the blades of a pair of scissors immediately behind the ear and also above the occipital protuberance, from which openings an immense quantity of fluid escaped; then by the introduction of my fingers into the openings thus made, and by traction and pressure on the head, the bones collapsed and I succeeded in effecting a delivery at half-past 1 A. M., on the 18th inst. The patient during the operation sustained hor strength much better than could be expected in such a long and tedious trial, and no more flowing than in a natural case followed. After the perforation, during my efforts at delivery, I think nearly a quart of fluid escaped; and on examination after delivery I am satisfied at least one quart still remained in the calvarium. The head was of an enormous size and must at least have contained nearly a gallon of fluid. The fœtus was of the female sex of rather a large size, but otherwise the head was well proportioned. I may here mention, that on enquiry afterwards, I found that the woman had complained for three or four months previously of something being *urong* more than usual, as she expressed herself, but for which she did not consult any medical man. I may also mention that she lost a child about two years ago from Hydrocephalus. Slight inflammatory action of the uterus set in on the fourth day accompanied with general irritation of the system, which readily gave way to the usual treatment adopted in such cases; and, at the time I write, to use her own words she is quite well.

REMARKS.

I am aware that many might take exception to the course I pursued in the above case, in reference to affecting delivery; that is, it may be urged that, I ought to have had immediate recourse to craniotomy and not to have turned at all, as by so doing I added the double risk of danger

to the mother by performing both operations; as I find on consulting Churchill's excellent work on midwifery, that of one hundred and sixty-nine cases of turning eleven mothers died, or one in fifteen; and of two hundred and fifty-one cases of craniotomy fifty-two mothers died or one in five, but I think he refers to cases where there was narrowness of the pelvis one way or other. But on the other hand, as I could not with certainty say to myself, previous to turning, that it was a Hydrocephalic fœtus; and could not say positively until some time after turning, and attempting to deliver the head, that the child was dead, I escaped the possibility of taking away the life of what might be a living and healthy child, as it was impossible until some time after the body was delivered to say that the child was dead. However, I think, the peculiarities and circumstances of the case, together with the result to the mother afterwards, will bear me out in the course I pursued on the occasion.

Dundas, May 8th, 1855.

ART. IV... *Case of Abnormal Placenta.* By Dr. Hill, Ottawa City.

In a case of midwifery that recently occurred in my practice wherein the patient brought forth twin children, a most singular deviation from nature took place in the placental development, and as such matters are of interest I place it on record, more especially as I am led to consider it of very rare occurrence, never having seen such a peculiarity noted in print, and having met with this as the only instance in my own practice. The placental mass seemed to me, at first sight, to be single, but on examination it was evidently formed by the intimate union of two placentæ at their edges, thus resembling in shape the figure 8, with an extremely large waist, as the union had taken place between the two at points which would have been represented by the removal of at least one-third of each placenta, supposing them originally to have been of a round shape, this would of course give a very large surface for contact; the umbilical cords were, as usual, two in number, and inserted in the ordinary manner at or about the centre of each placental mass. I imagine the circulation was entirely independent in each, and that no vascular connection existed. The children were both living and healthy.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

I.—*On the mode of Communication of Cholera.* By JOHN SNOW, M.D., Member of the Royal College of Physicians, Fellow of the Royal Medical and Chirurgical Society, Fellow and Vice-President of the Royal Medical Society of London. Second edition, much enlarged, pp. 162. London: John Churchill.

Four times has the Cholera scourge, starting from its cradle in the East, visited the nations of Europe and America, carrying death and desolation to the hearths and homes of tens of thousands. Like a destroying angel it has passed over populous countries, densely crowded cities, and scattered villages, its course being marked by the blackened remains of its many victims, and followed by the wail of bereavement and the anguished cry of the heart-broken survivor. Men, on its first invasion of Europe, as they heard of its approach, felt their hearts sink within them, and it need not excite surprise that they fled panic-stricken every whither when it declared its dread presence among them. To see the wife, husband, child, friend, rise in the morning apparently in vigorous health, and ere the shadows of evening had closed in, to have but the cold corpse to look on, the vital current having in the meantime stagnated in the icey grasp of the invisible and relentless foe, was surely enough to make the strongest mind waver. This dread was in a measure to be attributed to the representations which were made in professional and non-professional journals of the day regarding its contagious nature. Indeed, with few exceptions, it was believed to be a highly contagious disease. And this opinion found no more firm supporters than the members of the Board of Health at that time established in England. Notwithstanding, however, the strict quarantine which was enforced in the Continental States, where measures of such a nature are usually more carefully and strictly carried out than in either England or America, Cholera made its appearance in these guarded countries, and pursued a particular course, the same as if there were no obstacles in the way. It over-leaped all barriers, and broke through all *cordons sanitaires*. An important and interesting question arises then:—How and by what means is it propagated, and how does it travel from town to town, and from continent to continent? Two opinions on this subject have for some time divided the medical world. One is, that the disease is communicable from person to person, in other words contagious, and that it would not affect any individual, or appear in any place, if it were possible to completely insulate such individual or place. The second is, that it does not depend, for its transmission, upon any contagious properties which it

possesses, but that the morbific matter is suspended in the atmosphere, and carried by currents to different parts, all the inhabitants of the localities which it visits being equally exposed to an attack of the disease. A third opinion, however, has recently been gaining ground, and is now held by the majority of those who have bestowed much attention on the subject, viz:—that the materies morbi of Cholera is organic in its nature, and *portable*, that is, may be conveyed by individuals in clothing or merchandize to distant places, and finding admission into the systems of persons, circumstances being favorable to its development, the disease manifests itself. Some believe, among whom we may place our author, that this Cholera matter, or specific virus, exists in the form of a cell. Of course this is mere hypothesis, as no peculiar and determinate organic form has, up to the present, been discovered in the ejections and dejections of Cholera patients, or in the atmosphere during the prevalence of Cholera epidemics. From what we know of the introduction of Cholera into Canada we believe in its *portability*. We further believe, however, that having once obtained access to a place the virus undergoes multiplication and intensification in a ratio corresponding to the anti-hygienic conditions present; and that there is a state of the system which predisposes persons to an attack. The first cases which occurred at Quebec and Montreal during the epidemic of last year were passengers by the *John Howell* and *Glenmanna*, two vessels which passed Quarantine without being detained, as there had been no case of Cholera on board during the passage, or at the time of their arrival at Grosse Isle. A few days after these passengers were admitted into the Montreal General Hospital, cases of Cholera occurred in different parts of the city. It first appeared in the filthy habitations of the poorer classes in the suburbs, and seized upon the miserable debilitated debauchee. Gradually, however, the number of victims increased, and the poison having become more concentrated, many strong and healthy citizens in the middle and upper ranks of society were cut off.

"Besides the facts," says Dr. Snow, "which prove that Cholera is communicated from person to person, there are others which show, first, that being present in the same room with a patient, and attending on him, do not necessarily expose a person to the morbid poison; and, secondly, that it is not always requisite that a person should be very near a Cholera patient in order to take the disease, as the morbid matters producing it may be transmitted to a distance. It used to be generally assumed that if Cholera were a catching, or communicable, disease, it must spread by effluvia given off from the patient into the surrounding air, and inhaled by others into the lungs. This assumption led to very conflicting opinions respecting the disease. A little reflection shews,

however, that we have no right thus to limit the way in which a disease may be propagated, for the communicable diseases of which we have a correct knowledge spread in very different manners." p. 9.

Dr. Snow's theory of the mode of propagation of Cholera is very ingenious, and differs in some essential respects from those we have already adverted to. The energy he has displayed in the accumulation of such facts as go to establish his peculiar and original views merits the highest praise. Although we do not agree with him in his deductions, we would earnestly recommend the perusal of his work to all who are desirous of increasing their knowledge of the circumstances which operate in the diffusion of this fatal scourge.

The following is an outline of his theory:—The morbid matter of Cholera is taken *accidentally* into the alimentary canal. Here it remains for a short period, called the period of incubation, during which it is rapidly re-produced. It then acts either as an irritant to the mucous surface of the stomach and intestines, or withdraws blood from the capillaries by a power analogous to that by which the secreting cells separate from the circulating fluid, the material peculiar to each secretion. The loss of water from the blood produces the well known tarry appearance which it assumes, and this thickening is the cause of the small thready pulse—the almost arrested circulation—the feeling of want of breath, and the suppression of the renal, biliary, and other secretions. The Cholera poison is contained in the ejections and dejection of Cholera patients, and when a new case occurs, it is in consequence of the person having, by some means or other, swallowed a minute quantity of either. This accounts for the rapidity with which it spreads among the lower classes. A whole family usually occupying but one room, and the evacuations from a patient being devoid of smell or color, they neglect to cleanse either the bed-linen or their own hands, so that in the preparation and eating of their food they must almost of necessity introduce the poison into their systems. The principal way, however, by which it finds access to the stomach, is in the water we drink. In proof of this, Dr. S. brings forward, among numerous instances, the cases which occurred in Albion Terrace, London, reported by Dr. Milroy, and which were traced to the drinking of water contaminated by the contents of cess-pools; and the sudden and fearful outbreak which occurred in the vicinity of Golden Square, and which, our readers will recollect, was attributed to the opening up of an old plague pit. The situation of the pit, however, "is said to be in Little Marlborough Street, just out of the area in which the chief mortality occurred," and Dr. S. has satisfactorily proved that nearly all the cases occurred from drinking water obtained from a particular pump, situated in Broad street.

London is supplied with water by a number of companies, some of which obtain their supply from the Thames at points where the water is not affected by the immense sewerage of the city, whilst others supply water to the inhabitants, contaminated with all the filth conveyed into the river from upwards of a million of persons. At the expense of a vast amount of trouble, our author has ascertained that the houses supplied by the latter companies were severely visited during the late epidemic, whilst those supplied by the former were but lightly affected. Of course he believes that many of those stricken by the disease swallowed a small quantity of Cholera poison in the water supplied by the water works, and that this poison was originally derived from the evacuations of Cholera patients, which evacuations were conveyed through the sewers into the river. We incline to a more simple explanation. Diarrhœa is the precursor of Cholera. Everything that tends to excite inordinate action of the intestines, so far places the person in a situation favorable to an attack of the disease. This, we think, will be admitted on all hands. Now of all substances liable to induce diarrhœa, water charged with organic matter in a state of decomposition stands pre-eminent. What more likely, therefore, than that persons drinking water obtained from the Thames, opposite London, should suffer from diarrhœa, and, suffering from diarrhœa during the prevalence of an epidemic of Cholera, that they should be attacked by that disease.

We would state, in conclusion, that should any of our readers wish to obtain "Snow on Cholera," Mr. Dawson, Great St. James Street, will order copies for them.

II. *On Lateral Curvature of the Spine, its Pathology and Treatment.* By Bernard E. Brodhurst, Member of the Royal College of Surgeons, Assistant Surgeon to the Royal Orthopœdic Hospital, Fellow of the Royal Medical and Chirurgical Society, Associate of the Arcadian Society of Rome, &c. pp. 67. London: John Churchill.

Deformities of the body have, for some years back, attracted in an especial manner the notice of surgeons. The results of the attention which has been bestowed in that direction are seen in the more correct knowledge which we now possess of the causes and nature of these deviations from the normal shape, and the improvement which has taken place in our mode of treating them. The work now before us has reference to one kind of deformity only---Lateral Curvature of the Spine. The causes of this condition are classed by Mr. Brodhurst as follows:---

" 1st. Debility, or muscular atony, and relaxation of the spinal ligaments; 2ndly. Hypertrophy, as of the muscles of an upper extremity; 3rdly. Atrophy; the result of paralysis, of local inflammation, of amputation of an upper extremity, or of anchylosis of the elbow or shoulder; 4thly. Spasm of the muscles of the neck or back; 5thly. Obliquity of the pelvis, as is produced by an unequal length of the legs; 6thly. Rachitis; 7thly. Altered capacity of one side of the thorax; 8thly. Deficiency or excess of development of the bodies of the vertebræ." Of all these our author has found debility, general and local, to be the most frequent cause. His second cause, Hypertrophy, is an expression of the opinion held by Bichat and Beclard, that undue action of the muscles of one arm produces lateral curvature of the spine. We rather agree with Dr. Knox, that the simple lateral deviations so frequently met with " depend on an unequal development of the segments of which the bodies of the vertebræ are composed in infancy."

Mr. Brodhurst has invented an apparatus for the treatment of lateral curvature, which possesses the peculiar advantage of being applicable in every case, " should the original formation of the bones not forbid, and should anchylosis of the adjacent bodies of the vertebræ not prevent its use." Ludwig Olsen, who was deputed by the government of Denmark to visit England and other countries, and to report on inventions bearing on Medicine and Surgery, thus writes to Mr. Brodhurst regarding his invention :—" It seems to me to be the most effective instrument that I have ever seen; and mainly on this account, that the frame cannot move, whilst all other instruments that I have seen, whether here, in Germany, or in Denmark, cannot be fixed. Further the entire action of this instrument is based on true mechanical principles; and above all its construction is perfectly simple. Indeed, it is very remarkable to observe the effects produced by this instrument. It will probably be much employed and deservedly esteemed."

III.—*Cases of Polypus of the Womb.* By Walter Channing, M.D. pp. 21. David Clapp, Boston.

Dr. Channing appears to have met with a larger proportion of cases of Polypus than usually falls to the lot of physicians, even in extensive practice, twenty-two cases having fallen under his observation, in sixteen of which he has operated. The greater number were extra-uterine, and in all there was hemorrhage, either periodical or accidental.

CLINICAL LECTURE.

The Uncertainty of Acoustic Signs. By Wm. Stokes, M.D., Regius Professor in the University of Dublin.

[*From the Virginia Medical and Surgical Journal.*]

In a lecture on fever, after some preliminary remarks, Dr. Stokes proceeds to observe: I was observing just now, in the ward, in the case of the boy who had the pulmonary lesion, [I will not call it pneumonia of the lung,] with a low typhoid fever, [he is under the care of Mr. Daly,] how well this case illustrates the advantage of clinical study. If you take works upon disease of the heart, you find that it is assumed by almost every writer, that the first sound of the heart and the second sound of the heart are to be easily distinguished from each other. There are some persons who, if you were to say to them, in any given case, "I think that I have had considerable difficulty in saying which was the first and which the second sound of the heart, would set you down as very deficient indeed, as one that had not been properly taught, and did not know his business. But the fact is, gentlemen, that there are many cases in which at first it is very difficult indeed to say which is the first and which the second sound of the heart. There are cases in which the most experienced man will require repeated observation before he can make up his mind on the point.

It has happened to me over and over again, that, after I thought I had made up my mind by examining at one part of the heart, when I changed the stethoscope an inch or two I was again thrown into doubt.

I mention this to show you how diffident we should be in our opinions upon these subjects, how slow we should be to condemn men because they do not come up to the mark laid down in books. The truth in fact, is, that they go beyond it—that they are wiser than the authors of such books.

There are two cases in which it is often extremely difficult to say which is the first and which the second sound of the heart. One of these is, that triple combination which is so common, especially in private practice, where the patient has chronic bronchitis, a weak and irregular heart, and congestion and enlargement of the liver. This is a very common triple combination, if you speak merely of local diseases. But there is another element very commonly to be found in it, and that is, the gouty element; so that you may have a gouty man with chronic bronchitis, with a weak and irregular heart, and with an enlarged liver. In such a case it is sometimes extremely difficult to say which is the first and which the second sound of the heart. The two sounds are closely similar one to the other; and the action is so irregular, so uncertain, that you may be often for minutes together with the stethoscope carefully applied, and yet not be able to make up your mind. That is one case. Well, take another—such as that of the boy above stairs.

This boy presents some very curious phenomena; and he illustrates, again, difficulties which you would not anticipate, if you merely depended upon the text books for a diagnosis of disease of the heart. There are two difficulties here. It is difficult to say whether the murmur which he has, belongs to the first or to the second. But there is a greater and

a still more important difficulty in this case, viz: to determine whether this is an organic murmur or an anæmic murmur; and I am not ashamed to say that my own mind is not made up on the subject. In short, I could not take upon myself to say which it is. It would be very easy to adopt one theory or the other, and to argue in a very specious manner upon it; But I know thoroughly the difficulties of the subject; and I declare to you, that I think, at this moment, it would be hardly possible to say whether this boy has disease of the valves of his heart or not. There is one consideration connected with the case which is drawn, not from physical examination at all, but from the general history of the patient, and it is this, that, while organic murmurs are rare---very rare in the form of disease which he has had---inorganic murmurs are comparatively common.

This is a very strong point. We are here under this difficulty, which you meet with every day in private practice,---that you are called on to give an opinion when the data that should guide you in that opinion are deficient. We want to know the previous history of this boy. If, instead of being in hospital, this boy were a patient in private practice, and had been under your care, and you had been the attendant on his family for years together, and were familiar with him, and intimate with the state of his heart, you would be able to say, first, if he ever had carditis; next, whether, before his late attack, he had murmur in his heart or not; but we know nothing of all this; and the only fact we have to go on is the observation of Mr. Daly, that, when the boy was first examined, this murmur was not there at all. I myself have no doubt as to the correctness of this observation of Mr. Daly; my own opinion is, that, whether the murmur be organic or inorganic, it has been developed since the patient came into the house. Can we distinguish by acoustic signs alone, gentlemen,---and this is a point which bears on the subject of fever in a most important manner,---the inorganic from the organic murmur? The answer to that question is, simply,---that, in the present state of our knowledge, there are many cases in which we cannot do so; that there is no special acoustic character by which you can distinguish one of these phenomena from the other. This looks like a depreciating statement, as far as diagnosis is concerned; but the cause of diagnosis would be much more injured by attributing to it powers which it does not possess, than by confessing its deficiencies. The diagnosis, in the case in question, is to be drawn from other circumstances,---generally speaking, from circumstances connected with the condition of the patient, the absence of the signs of inflammation, and a variety of other points which we will consider more in detail on another occasion.

To come to the murmur in fever, the observation has been made in a considerable number of cases, that valvular murmur, when the patient is made to sit up, does not disappear; but, we have found in this hospital that, in many cases in which a murmur was observed after fever, it was ascertained, that, when the patient was placed in an upright position, the abnormal sound disappeared, or, if it did not disappear altogether, it became greatly less intense; so that the disappearance of the murmur in the upright position is in favor of its inorganic nature, while its persistence or aggravation is in favor of its organic origin. So far so well. But, you

will ask, is this rule absolute? That is a question which must be answered in the negative; for you will meet with cases of anæmic murmurs which are not influenced by position; and I believe there are, on the other hand, cases of organic murmurs which are influenced by position. There are, doubtless, some cases of organic murmurs in which, when the heart is made to act rapidly, the murmur either disappears, or becomes lost in the other cardiac sounds, so that you cannot distinguish it.

My own impression about the patient, whose case we are at present studying, is that the murmur is inorganic. I trust it is; but I would not say so positively. I say this, because the character of the sound, although it is very aggravated,—although it approaches very closely indeed to the inorganic murmur,—is similar to a kind of murmur which I believe we, in this hospital, were the first to describe, that is, the true muscular murmur of the heart,—a sound produced simply by the contraction of the muscular fibres when they do not contract *per saltum*, when they contract vermicularly, as it were; it possesses more this character than the character of the true valvular murmur. There is another point connected with it which is of importance. If this murmur was valvular, it would imply a great deal of disease; a rough, rasping murmur in the situation of the aortic valve implies generally a great amount of disease, and commonly of chronic disease; and, under these circumstances, you may be prepared to expect that the patient will show other signs of disease of the heart. So that we here have a diagnosis drawn, as I often observed to you before, from that most important source, the want of accordance of the symptoms. There is here, supposing the case to be organic, a want of accordance of the symptoms; for we should expect, that with this great amount of valvular disease, there would be signs of dilatation of the left ventricle, that there would be signs of dilatation; symptoms which commonly attend upon this form of disease of the heart. And yet here is a most curious fact, that even when this boy had one of his lungs almost entirely obstructed,—a condition which often acts in developing latent disease of the heart,—even at that time the symptoms of heart suffering were not at all remarkable. So that there is here, to a great degree, this want of accordance in the symptoms; and this is against the opinion of the disease being organic, and in favour of the view that the murmur is of a functional nature. The great mistake, gentlemen, that was made,—I am happy to say that it is now going out very fast,—in connection with auscultation generally, was this, it was supposed that every disease had its special acoustic sign, and consequently the attention of students and physicians was directed to the study of those signs in a purely mechanical point of view,—merely to the observation of their acoustic characters.

There can be no doubt that it is of the greatest possible importance to study carefully everything connected with a diseased organ, both its physical and its vital phenomena; but what you have to learn specially is this, not so much how to detect the sign, or how to recognise it, as to know how to reason upon a particular sign when you have discovered it. It is here the clinical student of long practice and experience has the greatest superiority over the mere reader. His mind is trained to reason upon the phenomena which he observes. Here we have a group of

phenomena; and if we did not give ourselves the trouble of turning every possible point of the case over in our minds, we would come, I am sure, to a very imperfect and erroneous conclusion about it.

Bear this in mind always, that there is no pathognomic physical sign of any disease whatever. This cannot be too strongly stated and I believe that we might go further, and say, that there is no combination of mere physical signs which, excluding the history and vital symptoms, can be justly considered to be pathognomic; at all events, if there be such a combination, it is one of extreme rarity indeed. We hear of certain murmurs being pathognomic signs of this and that disease of the heart, of friction sound being pathognomic of pleurisy—of crepitating râles being pathognomic of pneumonia—of amphoric sounds being pathognomic of effusion into the pleura. All this is wrong; it is based upon error; and you must expunge it altogether from your minds, if you wish to be accomplished physicians, investigators of truth, and faithful observers of disease as it is found at the bedside.

THERAPEUTICAL RECORD.

(*Memphis Medical Recorder.*)

Solidified Milk.—This is made by adding to 112 lbs. of fresh milk, 28 lbs. white sugar, and a teaspoonful of bi-carbonate of soda. It is then evaporated in a water-bath at a moderate temperature, being stirred and agitated all the while, but so moderately as to avoid churning. In three hours it assumes a pasty consistency, and by constant manipulation and warming, it is reduced to a rich, creamy-looking powder. It is then exposed to the air to cool, weighed into parcels of a pound each, and pressed into a brick-shaped tablet, which is covered with tin foil. This will keep for any length of time, and may be grated and dissolved in water for use, answering all the purposes of ordinary milk, even to the making of butter. Our ships and steamers will find this solidified milk convenient and economical, and it may come into general use in cities. It is particularly convenient for use in sick-rooms and hospitals.

Tinnitus Aurium.—In cases of this troublesome affection, attended by itching in the meatus, a scanty secretion of wax, and some degree of deafness, we have succeeded in affording relief, by the application of the spirit of nitric ether, a few drops of which may be poured into the ear, or the meatus may be moistened with it, by the use of a little cotton, or lint, on the end of a probe.

Podophyllin.—This active proximate principle is strongly recommended in the Boston Journal, by Dr. Bates, of Otsego, New York, as an alterative and secernent, making it a valuable substitute, in many cases, for mercury. Obstinate and habitual constipation has yielded to the daily use of one-eighth of a grain for one to six months. R Podophyllin, gr. j.; ipecac. pulv., ext. colocynth comp., aà grs. iv.; mucilag. q. s. m. ft. pil. viij. One to be taken every night. R. Podophyllin, gr. j.; ipecac. pulv. grs. v.; hyosciami ext., q. s. M. ft. pil. xx. One to be

taken every night and morning. R. Podophyllin, gr. ss.; sach. alb pulv., ʒij. M. Divide into 24 to 32 powders. One to be given to an infant every night.

Lactate of Iron with Antispasmodics in some Neuroses.—Dr. Marchiandi has found the following formula very useful in neuroses, dependent upon onanism, gastralgia, epilepsy, etc. R. Valerianate of zinc ʒij; lactate of iron, ʒ iss; ext. belladonna, ʒ ss; ext. valerian q.s., to make 60 pills; patient takes two for the first two days, and afterwards gradually increases the dose.

Chronic Papular Eruptions.—Dr. Burgess considers them to consist of disorders of the cutaneous nerves, and prescribes, in severe cases of prurigo, strychnia and phosphorus; he has found phosphorated ether, preceded by repeated doses of hyosciamus for a day or two, succeeded in allaying obstinate pruritus, given internally.

PERISCOPE.

French.

Sur l'attitude des malades, au point de vue du diagnostic, par M. Barth, observations recueillies par M. Duclos.

L'attitude que prennent certains malades dans leur lit peut devenir un signe et éclairer le diagnostic; bien plus, dans quelques cas, certains symptômes se prononcent davantage sous l'influence de la position. Voici un exemple dans lequel on va voir des hémoptysies augmenter chaque fois que le malade, en se couchant du côté d'une caverne pulmonaire, rendait celle-ci déclive.

Phthisie Pulmonaire.—Trois cavernes au sommet du poumon gauche; tubercules isolés, répandus en grande abondance dans les deux poumons, mais sans caverne à droite; décubitus dorsal, et sur le côté droit seulement possible. Penpant le décubitus latéral gauche, hémoptysies abondantes; les hémoptysies s'arrêtent, quand le malade reste en repos dans le décubitus dorsal et la tête très élevée.

Le nommée H. Achille, âgé de vingt et un ans, peintre sur porcelaines, entra le 3 mai 1854, à Beaujon, salle Saint-Louis, No. 30. Son père est mort à quarante ans (le malade ignore de quelle maladie); sa mère est morte à quarante-cinq ans, d'un catarrhe pulmonaire: elle a toussé pendant deux ans consécutifs. Quant à lui, il ne se rappelle pas avoir eu de maladies autres que la rougeole et la coqueluche, à l'âge de quatre ans, affections après lesquelles il a conservé un catarrhe pulmonaire pendant six mois.

C'est un jeune homme de taille moyenne, ayant un embonpoint médiocre: ses clavicules ne sont pas saillantes; son visage arrondi, a conservé un peu de fraicheur; les pommettes et les lèvres sont rosées, mais tous les téguments ont une blancheur de cygne; sa peau est très mince, les ongles sont fortement hippocratiques. Il est malade depuis sept mois; la maladie a commencé par un abondant crachement de sang qui a duré pendant trois jours consécutifs, et a été suivi par un rhume, accompagné d'une expectoration abondante. Le sang fut d'abord rendu par

petits filets mêlés à des crachats visqueux et aérés, pendant de grands efforts de toux. Déjà depuis deux ans le malade avait remarqué qu'il rendait, le matin au réveil, de gros crachats blanc, opaques, purulents, quand il avait pris la veille des vins capiteux. Cependant, ce n'est que depuis sept mois qu'il a maigri, perdu ses forces, et qu'il a des sueurs très copieuses la nuit, au niveau des aisselles. Depuis ce temps, il ressent des douleurs derrière le sternum et entre les deux épaules, douleurs qu'il compare à celles que produirait un fer rouge, et qu'il a ressenties, pendant un temps très long, dans le sein gauche. La toux, la parole, les moindres efforts musculaires exaspéraient considérablement ces douleurs. Une toux opiniâtre est survenue, s'accompagnant d'une expectoration très copieuse, puisque le malade remplissait chaque jour un crachoir de crachats jaunes, opaques, purulents, nummulaires, nageant dans un liquide analogue à de la salive. Depuis sept mois, les hémoptysies sont revenues un très grand nombre de fois; elles duraient trois jours et s'arrêteraient souvent d'elles-mêmes. La quantité de sang rendu était tantot plus, tantot moins abondante. Le malade se rappelle en avoir quelquefois rendu un demi-verre à la fois; en somme, il a évalué à quinze jours le temps pendant lequel il a eu des hémoptysies. A propos du crachement de sang, le malade nous dit qu'il revenait souvent, sans cause connue; qu'il ne saurait dire si la toux le produisait toujours, mais qu'il a positivement remarqué, "et c'est le point capital sur lequel nous appelons l'attention," qu'en se couchant sur le coté gauche, aussitôt la dyspnée devenait plus grande; il survenait à la gorge un picotement qu'il lui annonçait qu'il allait rendre du sang; et s'il ne changeait de coté il avait une abondante hémoptysie qui durait pendant tout le temps que le décubitus latéral gauche était conservé, et qu'au contraire, s'il se couchait sur le dos, la tête très élevée, le crachement de sang s'arrêtait. Le malade insiste encore sur un autre signe; c'est le suivant:

Tandis qu'autrefois il dormait très bien la nuit, indifféremment sur le dos, ou sur un coté ou sur l'autre, depuis sept mois, il ne peut plus dormir que sur le coté droit, "c'est-à-dire du coté du poumons que nous verrons être le moins malade." Pendant la veille, il conserve ordinairement le décubitus dorsal.

Pour abréger, nous ne ferons qu'indiquer sommairement les autres symptomes que présentait le malade: les fonctions digestives se faisaient mal depuis une quinzaine de jours; quand il entra dans le service, il vomissait chaque soir son dîner; il n'avait pas habituellement de diarrhée, mais plutot de la constipation. Tous les soirs, il y avait un léger mouvement fébrile. La voix était enrouée depuis huit jours seulement.

Au sommet gauche, en avant, on trouvait:

1. Une matité très prononcée;

2. Des douleurs à la pression dans les deux premiers espaces intercostaux;

3. Une absence complète des vibrations thoraciques pendant qu'on faisait parler le malade;

4. De gros râle muqueux ressemblant un peu à du gargouillement, tandis qu'au sommet droit la sonorité thoracique paraissait normale, les vibrations très fortes, les râles muqueux un peu moins abondants, l'expiration soufflante et prolongée. Les deux bruits du cœur, réguliers, pa-

raissaient très superficiels, sans doute à cause de la maigreur de la poitrine.

20 *juin*.---Après six semaines de sèjour à l'hopital, les accidents, qui avaient été chaque jour en s'aggravant, augmentèrent tellement, que depuis ce moment le malade n'a plus quitté son lit.

Aujourd'hui, le visage est bouffi, infiltré ; les jambes, les cuisses sont fortement œdématiées ; les battements du cœur sont très forts, très superficiels, accompagnés d'un bruit de souffle au deuxième temps à l'origine présumée de l'aorte. Le pouls est devenu très irrégulier, " comme dans les cas où il se forme des caillots dans le cœur."

Avant-hier, il est survenu une nouvelle hémoptysie à la suite de grands efforts de toux. La respiration est difficile, et s'embarrasse chaque jour de plus en plus.

Le 24, l'asphyxie avait été chaque jour en augmentant: un rale trachéal, survenu le 23, dura vingt-quatre heures, et le malade mourut à quatre heures de l'après-midi, ayant conservé complétement sa connaissance- On a remarqué que, pendant les vingt-quatre heures qu'à duré l'agonie, le malade est constamment resté couché sur le coté droit.

A *l'autopsie faite le* 24 *juin*, on trouva les deux poumons infiltrés de tubercules, depuis leur sommet jusqu'à leur base ; ils adhéraient aux parois thoraciques dans presque toute leur étendue. L'adhérence du sommet gauche aux cotés était si intime,qu'on ne put l'extraire complétement de la poitrine, et qu'il en resta quelques fragments attachés aux cotes, au niveau du creux de l'aisselle. A l'extérieur, leur tissu est rouge foncé, marblé par nn millier de points blancs jaunatres, de la grosseur de têtes d'épingles à chale et qui sont des tubercules ramollis.

On trouva, au sommet gauche, trois grandes cavernes et une foule de petites cavernules. De ces cavernes, l'une, située tout-à-fait au sommet, pouvait loger une noisette, elle paraissait la plus ancienne et était tapissée, dans toute son étendue, par une fausse membrane blanche.

La deuxième, située à 6 centimétres en dehors du bord antérieur du poumon, répondait au niveau du creux axillaire ; elle pouvait loger une noix ; elle n'était recouverte, en dehors, que par la plèvre épaissie ; elle était remplie de pus crémeux. A l'intérieur, son tissu, gris rougeatre, inégal, déchiqueté, laissait voir des vaisseaux violacés allant d'une paroi à l'autre.

Enfin la troisième caverne était immédiatement en arrière de la précédente, beaucoup plus grande, plus inégale : elle aurait pu loger une pomme d'api ; elle était encore très superficielle, et seulement recouverte en dehors par la plèvre épaissie. Elle était comme les précédentes, remplie de pus crémieux.. Nous n'avons pu trouver nulle part de bronche directement en communication avec les cavernes pour expliquer les hémoptysies fréquentes observées pendant la vie.

Dans le poumon droit, également farci de tubercules, il nous a été impossible de trouver aucune caverne. Le sommet de ce côté présentait sur chaque coupe de petites granulations rouges, entourant les tubercules ramollis; son tissu surnageait dans l'eau, tandis que le poumon gauche ne surnageait pas.

Le cœur avait son aspect normal, mais renfermait du nombreux caillots fibrineux organisés, peu adhérents aux parois. Les valvules des orifices auriculo-ventriculaires et artériels paraissaient insffisantes,gênées qu'elles

étaient par quelques caillots qui les appliquaient contre les parois. Un gros caillot fibrineux, non adhérent, remplissait outre mesure l'oreillette droite.

Dans le larynx, on n'a trouve qu'une ulcération tuberculeuse à la commissure postérieure des cordes vocales supérieures. Toute la muqueuse de la trachée était rouge violacé.

Nous passons sous silence les lésions trouvées dans les autres organes, parce qu'elles ne se rattachent pas aussi directement aux points que cette observation nous parait mettre en saillie.

Si plusieurs faits semblables au précédent étaient observés, ils pourraient montrer:

1. Que les phthisiques qui n'ont des cavernes que d'un seul coté se couchent de préférence la caverne en l'air, et que le sommeil dans ce cas ne peut survenir que lorsque le décubitus a lieu sur le coté le moins malade. En sorte que le genre du décubitus pourrait indiquer déjà, avant la percussion ou l'auscultation, quel est le poumon le plus malade;

2 Que le décubitus sur le coté affecté de cavernes amène quelquefois des hémoptysies, position que, en rendant la caverne déclive, lui donne peut-être plus de tendance à se remplir de sang;

3. Enfin que, pour faire cesser le crachement de sang dans les cas de ce genre, il faut conseiller le repos dans le décubitus dorsal, la tête très élevée.—*Moniteur des hopitaux.*

ENGLISH.

Origin of Sugar in the Liver.—M. L. Figuier, of the School of Pharmacy of Paris, has read a memoir in opposition to the explanation given by M. Claude Bernard, of the formation of sugar in the liver. The latter gentleman demonstrated for the first time in 1848, that the liver of men and other animals contained a certain quantity of sugar. Pursuing this idea—previously unknown—he was led to consider the liver as the organ in animals for the production of sugar. Having opposed theoretically the opinion of Bernard, Figuier presents some experiments which he had made in this subject. The soluble contents of the liver of the ox, which had been the special object of his researches, are besides the blood:

1st. An albuminous substance, which resembles a compound studied and described by M. Mialhe, under the name of albuminose, the product, according to this chemist, of the ordinary transformation which nitroginized aliments undergo during digestion.

2d. Of Glucose.

3d. An organic acid and a small number of mineral salts, of which chloride of sodium is chief.

The experiments of Figuier appear to prove that the secretion of sugar is not located in the liver. That which gives strength to the idea, is the admitted fact, of the non-existence of glucose in the mass of blood in its healthy condition. The remarkable fact has been observed, that animals subjected during whole months to a diet composed exclusively of meat, retained in their livers appreciable quantities of sugar. We have demonstrated, says M. Figuier, that the blood of man and of domestic ani-

mals contains sugar, and that the liver, taken pound for pound, contains only two or three times as much as the blood; this difference is not surprising. The liver is essentially an organ of depuration for the blood. The different products of digestion taken by the vena porta from the whole surface of the intestinal tube, undergoes in this large gland a peculiar change, by which, matters useless to nutrition are thrown off, and the essentials of digestion retained. It is not, therefore, astonishing that sugar is found more abundant in the liver than in the blood. All the glucose produced by digestion is concentrated there, to be afterwards distributed by the hepatic veins to the general circulation. Arrived in the mass of the blood it is gradually destroyed by the process of respiration, and its amount consequently diminishes continually. From the facts that we have observed, it follows that the experiments of Bernard, demonstrating the persistent existence of glucose in the blood of dogs, subjected exclusively to animal food, cannot be invoked in favor of the gluco-genic function. I have shown that there exists nearly a half centience of glucose in the blood of butchered animals, of the ox, and of the sheep, collected at the moment these animals were killed for the market. Now, the flesh of butchered animals contains vessels, these vessels contain blood; thus the meat of the ox and sheep which was fed to the dogs, in the experiments of Bernard, contains sugar, and he administered, doubtless, the compound even, which we will mention shortly. The quantity of glucose thus introduced was no doubt small, but it was constant, and the liver being an organ of condensation, and of accumulation for the glucose, the proof of its existence was very naturally found in this organ at the autopsy. Our experiments allow us finally to explain very simply the peculiarities which have brought to light the study of what is called the gluco-genic function.

M. Bernard observed that the appearance of sugar in the liver coincided with digestion; and he has dwelt considerably on the point. If it be admitted that sugar is not introduced to the liver, except through the products of alimentation, that is to say, through feculent, or saccharoid aliments, the coincidence of the appearance of sugar with the digestive period will be explained.

We conclude, finally, that the liver in man and animals does not make sugar; that all the glucose that it contains comes from the blood that fills its tissue, and that this glucose has been carried in the vessels by the digestion of amylaceous or saccharine aliments.

The function of the liver, as a secretory organ, is confined, in our opinion, to the elaboration of the bile, and it is very singular that this proposition, that existed in the early history of science should assume, in our day, the appearance of a novelty.---*Phil. Med. & Sur. Examiner.*

[*Œdema of the Glottis.*---In the more advanced stages of laryngitis, when effusion has taken place into the submucous cellular tissue, it has been suggested by a correspondent of the Medical Times and Gazette to incise the mucous membrane on the anterior surface of the epiglottis, and thus] give exit to the effused fluid. This treatment, though not original, is worthy of some attention, and the operation might be performed with a hernia knife, and with but little difficulty.---*Philadelphia Medical and Surgical Journal.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

OUR PROPOSAL.

If hitherto we have avoided writing of our affairs, the omission has been due to a desire of abstaining from the publication of any rash conclusion or uncertain position. We, however, now enter upon our third volume, and warranted by a past experience, knowing our resources with our liabilities, we can look through the vista of time to come, and presage our future career.

The existence of the *Medical Chronicle* may be pronounced to be established. Under its present form and size its support is justified by its subscription list. Its pages will not be increased during the current year; for any practicable addition would be too small to be conveniently employed in its "making up." It will, therefore, pass without change through another year, at the expiry of which, should our hopes be realized, the same enlargement will be made of the fourth as of the second volume, viz., of at least 100 pages more than its predecessor.

But, while the *Chronicle* has hitherto been a self-supporting journal, and can continue to progress in its present independence, we have been induced from a consideration of the professional benefit that would be derived from its acceptance to make the following proposal:—

Our offer is, that if the various medical corporations in Canada will give, from their funds, an annual contribution, we will apply the collective amount towards augmenting the *Chronicle;* and the increase will be proportioned to the excess of revenue we thus receive, as the receipts will not be appropriated to individual remuneration, but solely expended upon the desired object.

An addition of £50 a year to our income as proprietors would enable us to increase the size of the *Journal* by one-third of its present bulk. We should then present our readers at the end of the year with a volume of 640 pages, instead of one of 480, or at least each number would contain a dozen extra pages. This sum could readily be procured. The College of Physicians and Surgeons, Canada East, alone could vote the whole. From its last report there was a balance in the hands of the Treasurer of £183 16s 9d, and its revenue has been computed at about £212 a year; a very large sum, which, under the present constitution, is not disbursed so as to be productive of any lasting benefit, and from which, after subtracting the incidental expenses necessary to the existence of the corporation, a large proportion is left, of which the amount we

would devote to the enlargement of the *Chronicle* is but a small item. But in a cause for the general good it might be invidious to leave the execution with one body, where there are many others.

In the estimate of the expenses of the Civil Government, for 1855, we find, to the Medical Schools,—those of M'Gill College, of Montreal, and of Kingston,—a provision of £250 each ; a similar amount, we believe, is obtained by the Toronto School of Medicine; and the Laval College is also in receipt of a Legislative grant. Now, assuming the whole to be in receipt of Parliamentary aid to the extent of £1250, in order that they may further the cause of medical science, would it, we ask, be irrelevant if each added its mite of £10 towards the common stock necessary for accepting our proposal, and thus giving a decided effect to the munificent spirit of the Government. But, besides these seats of medical learning, there are yet others in Canada—the Trinity University and the Quebec School of Medicine—who might, actuated by kindred feelings of philanthrophy, also bring in their offerings, and thus either increase the allotted sum or lighten the tribute of each.

We have particularized £50 but merely for convenience of calculation, as any other number would do as well, and any other division than the one specified be equally satisfactory. Thus, assuming £70 were subscribed, 20 might be procured from the College Physicians and Surgeons, Canada East, and 10 from 5 of the most willing of the 7 schools.

This, then, is "Our Proposal." We ask not for ourselves. Personally it is immaterial whether we receive this aid or not;---without it the *Chronicle* lives, and will not die. But we ask for the profession. We wish, for them, that the only journal published in this Province shall contain additional matter of interest and instruction. Its present size, for the price, is larger than many cotemporaneous journals, and if further augmented the subscription will still be the same. We have, in suggesting the channels through which the surplus revenue to the Journal might be derived, naturally instanced the medical corporations of Canada, for professing the desire to further medical education and diffuse professional knowledge, they, at least, should give effect to a great means by which these desiderata are to be attained, and thereby patronize medical journalism. This general proposal will be followed up by a special one, and we hope in a few months to lay before our readers flattering results of our endeavors on their behalf.

QUEEN'S COLLEGE, MEDICINÆ DOCTORES PRIMITIVI.

Queen's College, by Royal Charter, has the power of conferring degrees in the different Faculties. Hitherto, its honors have been confined to students in Divinity, Law and Arts. At length, however, those in

medicine have been included, and the first fruits have been presented. On the 5th of last April the ceremony of graduation was held and eight gentlemen received the degree of M. D. The inauguration having been finished the Reverend Professor George, Vice President of the University, delivered a farewell address, in which he exhorted his hearers to the diligent cultivation of Medical Science. This subject appears a remarkably fitting one when the peculiarities of the occurrence are properly considered. The degrees were awarded at the end of a *five* month's Session, thus following the example of colleges in the United States and entailing a value upon the former equivalent to that attached to the American copy. But here the parity ceases as further comparison is unfavorable towards Queen's College by shewing the superiority of the prototypes. She does not require as extensive a curriculum of study as they do. She does not demand of her alumni, the same complete acquaintance with medicine that they seek. She does not teach some of the most important branches upon which they dwell and consequently her graduates leave their alma mater imperfect and unfinished: as instances of the omission we may adduce Institutes of Medicine and Medical Jurisprudence. These dissimilarities are in the present state of our science sufficient reasons for paying less consideration to her degree than to those which in one particular she strives to emulate. And if after this, American degrees be not admitted here, certainly those of Kingston cannot be recognized without a violent breach of consistency. But besides the incompleteness of education and scantiness of attainment of which her degree is an assurance, it is to be discountenanced, because, like a thing meant as an *ad captandum vulgus*, it is offered at a reduced price—the rate of usage has been brought down and a scale adopted lower than any other in Canada. We are not, therefore, surprised that by inducements cogent like these, students should be seduced from other schools as is proudly asserted from New York and other Universities. The temptations of cheapness and laxity are not always irresistible. Want often compels the highway to be deserted for the by-path, and when possession is facilitated the indolent will be drawn into its pursuit. It is, however, obvious that degrees thus procured at inferior price, by less study and upon defective information are not entitled to the estimation enjoyed by others against which these objections do not hold. We would recommend that in future graduates append to their signatures the name of the University from which they hail. As affairs now are in this Province, such a distinction is required. An M. D. alone is of little worth, and unless thus discriminated might as well be dropped. By those who can boast of McGill College as their parent, such a course

should be especially followed. A similar custom is often pursued at home, and so we read of——M. D. *Edin* or *Cantab* or *Oxon*, &c. And truly if there the practice be found desirable to prevent mistakes or to glory in the renown of descent, it is loudly called for here. Furthermore we must suggest that degrees bestowed under such circumstances as those of Queen's College should *not* be received either by the College of Physicians and Surgeons, C. E., or the Toronto Medical Board, as entitling their holders to a provincial license to practice without an examination; for if they be an act of gross injustice will be done to the American graduate who is excluded. And should the attempt be made to shelter the parties under the screen of being from a *British* University, we would urge, repulsive though it be, the legalization of the old familiar appeal of demeaning graduates indiscriminately to examination. For we can see that this expedient would be the only preservative to the country against a flood of M. D's. of every kind, and the interruption of the system that now prevails, whereby licensing boards are being indefinitely multiplied. These, then, are the peculiarities of the occurrence when the medicinæ doctores primitivi stalked forth from Queen's College, and we sincerely regret that the degrees then lavished away should wear upon their fronts the impress of *medical excellence depreciated.*

The names of the graduates and the schools whence they came are as follows:—

Daniel Chambers,	Toronto University.
Robert Douglass,	Trinity College.
Samuel Dunbar,	Toronto School of Medicine.
Western L. Herriman,	Toronto University and Trinity College.
William Hillen,	Trinity College.
John F. Mercer,	Toronto School of Medicine.
Wm. Summer Scott,	Franklin College, Toronto University and Trinity College.
H. W. Spafford,	Toronto University & N. Y. University.

To the Editors of the Medical Chronicle.

Gentlemen—It appears to me that I cannot better comply with the request of my friend, the Hon. P. B. DeBoucherville, than by sending the enclosed sketch of an interesting case to you for publication, for the purpose of attracting professional attention to it. In a private note Mr. D. B. observes that further information may be obtained by reference to the Roman Catholic Bishop at St. Hyacinthe, Hon. Mr. Cartier, Rev. Mr. Lafrance, or Drs. Bouthillier or Labruere. To those fond of

physiological pursuits, the case is undoubtedly possessed of great interest. I remain yours &c. &c.

A. Hall, M. D.

Montreal, May 26 1855.

Quebec, 13 Mai, 1855.

Monsieur,—Je n'ai qu'un désir, qu'une pensée, être utile à mes Semblables. Veuillez communiquer ce qui suit a vos collegues, et au public si vous le juger a propos. Si la Science peut tirer partie de ma communication, ma satisfaction sera grande, j'aurai rempli un devoir sacré envers mes frères de toutes origines, de toutes couleurs.

" Il se présente en ce moment à St. Hyacinthe dans le District de Montréal, un phenomène physiologique, que je crois bien intéressant, et qui merite d'attirer l'attention des hommes de la science.

Voici les faits tels que j'ai pu me les procurer. Il existe à St. Hyacinthe une jeune fille, agée de 17 a 18 ans (j'ai oublié le nom) appertenant à une famille respectable de l'endroit, qui pendant près de trois mois n'a pris aucune nouriture quelconque, soit en boire soit en manger ; quoique la santé ne peut nullement en souffrir, que son teint fut coloré, sa gaiété toujours vive, vaqnant aux ouvrages de la maison, enseignant aux petites pauvres lecture, écriture prières et a coudre, elle ne parait pas jouir d'une très forte constitution. Depuis Noel dernier après trois mois d'un jeune absolu, elle a commencée a prendre quelque nouriture mais très legère, qu'elle est neanmoins incapable de garder et qu'elle réjete aussitôt.

Cette jeune personne d'un caractère aimable et candide au dire de ceux qui la connoissent ne parait pas chercher à tromper, et après une stricte surveillance on s'est convaincu qu'il n'y avait aucune deception de sa part.

Il faut qu'il y ait dans l'organisation physique de cette personne quelque chose de bien extraordinaire, pour offrir un semblable phénomène. On conçoit qu'un sommeil léthargique peut durer des jours, des semaines mêmes ; on conçois qu'une personne puisse rester quelque temps, sous l'influence d'une fièvre, sans prendre de nouriture, mais demeurer dans son état normal, n'engraisser ni nemaigrir ; conserver son teint, son sommeil, ses forces, sa gaiété sans changement appréciable, et cela aussi longtemps sans boire ni manger, il y à la ce me semble quelque chose de bien extraordinaire et qui merite certainement que la science s'en occupa.

Une investigation des faits, une étude des symtomes et une recherche des causes, pourrait peut être conduire à une solution de ce phénomène physiologique, et ouvrir à la science la voie à de nouvelle découvertes

aussi intéressantes qu'utiles sur l'organisation et le fonctionnement du système physique de l'homme.

Convaincu que le seul énoncé de l'existence d'un phénomène semblable suffira à attirer l'attention des hommes de l'art et que la le désir d'en étudier le caractère et d'en pénétrer la cause sera pour eux un motif suffisant pour les induire a s'en occuper, j'ose esperer que l'on ne me refusera pas de m'associer a l'œuvre en me permettant de prier pour la reusite d'une découverte qui ne servira que d'avant garde a de plus brillantes, fera disparaitre l'idée absurde qu'il y a dans la nature des mystères impénétrables à la science.

Veuillez me croire bien sincerement,
Monsieur,
Votre ami et serviteur,
PIERRE BOUCHER DEBOUCHERVILLE

A. Hall, M. D., Montreal.

GRADUATES IN MEDICINE—McGILL COLLEGE, 1855.

At the Annual Convocation of the University of McGill College, held on Thursday the 3rd May, 1855, the degree of Doctor of Medicine and Surgery was conferred upon the following gentlemen whose names with the subjects of their theses, and places of residence are contained in the following list:—

Jno. B. Gibson,	Dunham, C.E.,	Orchitis.
Nelson Loverin,	Brockville, C.W.,	Iritis.
James M. Paterson,	Woodstock, C.W.,	Dysentery.
Eliphalet G. Edwards,	London, C.W.,	Morbus Coxœ.
George Pringle,	Cornwall, C.W.,	Tubercle.
Jas. F. Ault,	Matilda, C.W.,	Measles.
Jno. L. Stevenson,	London, C.W.,	Signs of Pregnancy.
Charles Ault,	Aultsville, C.W.,	Delirium Tremens.
Elzear Gauvreau,	Rimouski, C.E.,	Cancer.

Two gentlemen to whom Examination had been granted, having acquitted themselves satisfactorily, were recommended by the medical faculty to receive degrees upon attaining their majority; they were—

James McG. Stevenson, of London, C. W.; and
Henry M. Webster, of Montreal, C. E.

The first presented an inaugural dissertation on cholera, and the second one on puerperal fever.

PRIMARY EXAMINATION---McGILL COLLEGE, 1855.

The primary examination comprising the subjects of anatomy, chemistry, materia medica, and institutes of medicine was passed at the close

of the last session, by the students whose names are subscribed :---Alexander D. Stevens of Dunham, C.E.; Alexander Kirkpatrick of Chippawa, C.W.; Walter Jas. Henry of Montreal, C.E.; William H. Keeler of London, C.W.; Alexander H. Kollmyer of Montreal, C.E.; Charles Belhumeur of St. Rose, C.E.; Joseph A. Hamel of Quebec; William Justus Jones of Maitland, C.W.; Edouard Laberge of Chateauguay, C.E.

PRIZES IN MEDICINE---McGILL GOLLEGE, 1855.

Four prizes were awarded upon the termination of the different examinations; three of which were borne away by one gentleman, who in point of age was the youngest of the competitiors. The first was for the best thesis, and was adjudged to Mr. James McG. Stevenson. The second was for superior excellence in final examination, and was obtained by Mr. James McG. Stevenson. The third was for having exhibited most proficiency during the primary examination, and was given to Mr. Walter Jas. Henry.

These prizes were the gifts of the Governor of the College, who placed £12 10s. at the disposal of the Faculty for their purchase. The first was the most valuable, and the other two of equal value; they consisted of books, personally selected by the successful candidates.

The fourth premium was for superior attainment in a knowledge o medico-legal matters, the gift of the Professor of medical jurisprudence Dr. R. P. Howard, and bestowed upon Mr. James McG. Stevenson.

COLLEGE OF PHYSICIANS AND SURGEONS, C. E.---SEMI-ANNUAL MEETING.

Montreal 3rd May, 1855.

The Semi-Annual Meeting of the Board of Governors of the College of Physicians and Surgeons of Lower Canada was held this day, when were present:—Drs. Holmes, Sewell, Jackson, Marsden, Russell, Frémont, Sabourin, Weilbrenner, Bouthillier, Brigham, Johnston, Munro, Campbell, Bibaud, Boyer, Sutherland, Jones, Glines, Fowler and Peltier.

Dr. Holmes, the President, took the chair.

The minutes of the last Semi-Annual Meeting, held in Quebec in October 1854, were read and approved.

On a question put by the Secretary, the Diploma of the Faculty of Paris will be accepted, the gentlemen being the holders having to submit to an examination.

Apologies for non-attendance were received from Drs. Chamberlin, Landry and Babeau.

Drs. Munro and Russell were appointed to examine the Treasurer's Accounts and reported them perfectly correct.

A motion was proposed by Dr. Campbell and seconded by Dr. Marsden,---It is proposed to amend the present Bye-laws of the College respecting the fees to be paid by candidates for license, and that in future the sum of five dollars shall be retained from the amount returned to the unsuccessful candidates.

The Secretary is requested to publish the above notice in one of the Medical Journals in each District for six months before the next Triannual Meeting to comply with the Bye-laws of the College.

It was decided that Messrs. Martin and Cole, of Quebec, not having complied with the requirements of the Board, and practising without a license from the said Board, were to be prosecuted.

The following gentlemen, with University Degrees, were sworn and granted their licenses:---Drs. Jno. B. Gibson, James Paterson, G. Pringle, J. L. Stevenson, E. Gauvreau, Nelson Loverin, E. G. Edwards, J. F. Ault, and Chas. Ault.

The Board then proceeded to the examinations.

The following gentlemen, after satisfactory examination, received their licenses:---

Messrs. Ovide Peltier, B. S. Willson, M. St. Jean, Ant. L. Désaulniers, M. Robillard, C. Belhumeur, and Stanislas Goyette.

Messrs. McLeod and Brunet, after examination, were granted their license as Apothecaries.

The following gentlemen having passed their preliminary examination were admitted to enter upon the study of Medicine:---

Messrs. Mignault, Barolette, Fovest, Shirriff, Ducket, Labruère, Monjeon, Bérard, Lussier, Giroux, Foisy, Godette, Dieudonné Généreux, Constant Loiseau, Fortier, Robitaille, Duhamel, Rousseau, Roy.

There being no other business, the Board adjourned.

HECTOR PELTIER, M.D.,
Secretary for the District of Montreal.

Bangs & Co's. Bill.—We are happy to find that since our last, the bill intended to license Messrs Bangs, Cutter, Willes and Hutchison, has passed the Upper House; but with a *ryder* providing that the aforesaid parties shall be admitted to practice, after having passed the usual examination before the proper authorities.

NEW HOSPITAL AT QUEBEC.

A new hospital is about being founded in Quebec; it is proposed to name it after our gracious sovereign, and is to be known as the Victoria Hospital. On St. George's day an eloquent and appropriate sermon was preached in its behalf by the Rev. A. W. Mountain, Chaplain of St. George's Socity, and after the conclusion of the discourse, a collection, amounting to £46, was taken up. This sum was given to the Trustees to be applied towards defraying the building expenses, and is, we understand, the first money, so far, raised towards the erection of this benevolent institution. From our topographical acquaintance with Quebec, we think the Victoria Hospital, if centrally located, will supply a long felt desideratum. In our opinion the Marine and Emigrant Hospital is in a very inconvenient situation, being in reality some miles away from the Cove, where ships generally lay, so that any poor sailor who falls off a yard-arm, or meets with an accident necessitating immediate assistance, may, from the lapse of time that must occur before it can be rendered, either perish during his removal, or be compelled to endure sufferings unduly protracted. As an infirmary for Emigrants it is liable to similar objections, because the landing and residences of these persons is in the Lower Town, principally about Cape Diamond, which is as far away from where the Hospital stands as any two extreme points in a large city can possibly be. As an Hospital for the wants of the town-people we believe its remoteness is also opposed to its being commonly resorted to by any but those in its immediate vicinity, viz., the St. Roch's Suburbs. The Hotel Dieu, intended as an Hospital for medical and surgical cases, is certainly central and not amenable to any objections as to its *locale*, but, if we recollect aright, the number of its inmates is very restricted, and its accommodations not sufficiently extensive for the wants of the poor who are sick and ready to die. The only other Hospital in the capital of Canada is the General Hospital, but it is merely an asylum or refuge for aged and incurable persons. Both the latter noble institutions are under the management of the Roman Catholic *religeuse*, and have long been conducted in a manner to merit the highest meed of praise.

ADDITIONAL EXCHANGES.

Revue Medico-Chirurgical.
Western Journal of Medicine and Surgery.
Memphis Medical Recorder.
Middle States Reformer.
New York Dental Recorder.

Returns of Medical Colleges in the United States, 1854-55.

	No. Students.	No. grad.
Medical Department, University of Nashville	294	93
Medical College of Georgia	171	93
Memphis Medical College	50	19
College of Physicians and Surgeons, N. Y.	182	44
University Medical College, N. Y.	307	108
Jefferson Medical College, Philadelphia	565	256
Medical College of South Carolina	194	77
University of Pennsylvania	426	178
Medical College of Savannah	50	17
Iowa Medical College, Keokuk	79	21
New York Medical College	116	33
Pennsylvania do	150	33
Philadelphia do	150	39
Virginia do	80	25
University of Louisiana, Medical Department	223	54

The following Colleges have only furnished returns of the numbers of their graduates:---

Medical Department, Yale College 10; Medical Department, University of Louisville 72, Buffalo Medical College 14; Medical College, Chicago 41; Medical Department, St. Louis 36; Medical College, Ohio 21; Miami Medical College 17; Kentucky School of Medicine 15; Starling Medical College 19; Albany Medical College 49; Castleton Medical College 19.

From the foregoing it appears that at the close of the last Session 1854-55, there were made in all the Medical Colleges of the United States 1412 Doctors of Medicine. Well might the expression of Abernethy be applied to them which he is represented to have passed upon his class. On the occasion of an introductory lecture upon the first appearance of this popular teacher while all around him was lost in a tumultuous uproar of welcome, he stood calmly looking on till the last sound of outpoured feeling was dying in the air, when shoving his hands still further down in his breeches pockets, he as it were involuntarily exclaimed in sad abstraction and with strange bewilderment "poor, poor devils, what will become of you." At length the sound of his own whistle that wound up the ejaculation, woke him from the reverie into which he had been led by the contemplation of their numbers and he proceeded with his lecture. And so we wonder what will become of these 1412 newly fledged Medicos, sent adrift upon this heartless world to seek its cold charity. Surely, Sir James McGrigor, late Director of the Army Medical Department, must have had a keen reference to the resources and manufacturing powers of "independent" Americans in the matter of Physic when he told the English Parliament "he could furnish a regiment of Surgeons at 24 hours notice."

NEW JOURNALS RECEIVED.

The Journal of Medical Reform for the people and the profession. Professor J. M. Comings, Editor.

The Forceps, a Journal of Dentistry.

CORRESPONDENCE.

LONDON CORRESPONDENCE.---No. 6.

London, 2d March, 1855.

Although only three weeks have elapsed since my 5th letter, during that time intelligence of a more satisfactory character has been received of the state of affairs in the East; altogether matters have taken a turn, but not as yet to any very great extent; sickness is diminishing in the camp, the spirits of the men are becoming enlivened, and a little more cheering, from the prospect of some immediate active service; and as food, clothing, and shelter now appear to have been meted out to the poor fellows, it is possible more lives may be saved among that gallant band of heroes. Anything seems preferable to what they have suffered in the shape of sickness and want, and when the moment arrives they will again show what British blood can do. But if accounts have been a little on the mending tack in the Crimea, the sickness is still very great at Scutari, and fever of a truly malignant type has commenced and has already lost to us 7 military surgeons; 8 nurses are prostrated very dangerously ill, and several others have arrived in England in charge of ship loads of sick. Now this is gloomy enough, for when disease begins to attack medical men, it shows pretty clearly the virulent nature of the malady. The consequence of this state of things, has been a great scarcity of physicians and surgeons to attend the sick, who are most frightfully crowded together, miles in extent, with space barely sufficient for a surgeon to pass between each bed as the *Times* correspondent justly remarks; in this emergency Government has called upon the Governors of all the large Hospitals and Dispensaries to recommend some of their staff willing to go to the East, their appointments to be kept for them until their return; the superiors to have 2 guineas a day, and the assistants £1 5s., with a full years pay the moment their services are no longer required. These terms are very liberal, and will be the means of obtaining men of first rate talent and energy for the task. A number have been already engaged and started direct for Smyrna, where it is intended to establish a large civil hospital. The others will be for general service in the East, but principally in the hospitals at Scutari, and shores of the Bosphorus. Independent of these, Surgeons and

their assistants are required for the Turks contingent of 20,000 men, to be under the command ol Major General Vivian, an officer of some distinction, who has served in the East Indies. Their pay I believe will not be so much, but there is good prospect of permanent employment. What a chance for some of our Canadian doctors! In the *Times* of the 28th Feb is a letter from the correspondent of that paper dated Scutari 15th Feb., in which is mentioned the death and sickness of the many medical men, already referred to. He gives the week's deaths as usual, which number 431, of these on sorting and cutting them up, I find 120 died from diarrhœa, 130 from dysentery, 93 from fever, 49 from frost bite, 15 from rheumatism, and 6 from wounds, and the others from miscellaneous affections; it will thus be seen that medicine and not surgery is the prevailing mode of practice, and in consequence many physicians will be sent there as well as surgeons. A good deal of excitement exists at this moment among the profession in relation to these appointments, some accept and then withdraw, others take some time to reflect, and others again go at once; and many men in really good practice and comparatively easy circumstances, with some nice little appointments, give up all temporarily and go, the years pay at the end of their period of service is to make up for the partial loss of practice on their return.

It cannot have escaped the observation of the profession in Canada, those particularly who read the English Medical Periodicals, that the East India Company have thrown open their appointments to merit alone, to be selected by examination solely, and not by interest as heretofore. This is one of the most liberal concessions made for years, and gives some 60 or 70 young men annually a chance of entering a service which places them in comparative affluence for life. In fact before long merit will be the passport to almost everything going, most certainly in the medical profession at least. There is now an inducement of no ordinary kind to enter the profession, and those who will write and attain to a proper and thorough efficiency, are sure to succeed in obtaining one or other of the many good things. I would most particularly draw the attention of Canadian medical students to these facts, they are quite as eligible as British subjects to compete with the most favoured, educated in this country; merit, and merit alone, being the one just and necessary qualification. So far as I know, as things medical are taught in the University of McGill College, it ought to be their own faults if students do not attain a thorough knowlede of their profession before they cross the Atlantic; but to assist them again, and to facilitate as much as possible their compliance with a certain curriculum of study as required by the East India Company and other great bodies here, all the necessary branches should be taught to save the trouble and expense and great

loss of time in attending them in this country, which will be the means of draining students from all parts of the Province, for education in a school with a European reputation; when these matters are more prominently set forth before them. I feel I am doing a service of no ordinary kind to the Canadian professien, in drawing their attention to these matters, which if too late in life to take advantage of for themselves, they may one day look for their sons; as the age of candidates, more especially for the East India Service must not exceed 26 years.

In your January number I observe some remarks by Dr. Niemeier on the case of spina bifida or hydro-rachitis, which I reported in your November number. I hope his feelings will not be hurt when I again repeat, that pressure upon the childs tumour even pretty firmly, very strongly and continually made, did not affect the cerebral functions, and was an *a priori* reason, that the opening of communication between the cyst and spinal cord was very small, and an operation justifiable. It would be foreign to my purpose to enter into a controversy upon this subject, but I hope some one of your numerous readers will contribute a paper upon what is a very interesting disease.

I did intend to say something about Hospital Reports but as the subject of this letter, which was intended to be short has grown upon me, I must defer till my next, if not off myself to the Crimea with hosts of others.

G.

HOSPITAL REPORTS.

UNIVERSITY LYING IN HOSPITAL.

(Reported by Mr. Alexander H. Kollmyer.)

Compound presentation of funis, occiput, left hand and right foot, and left side.—Presentations of the funis with other portions of the body are not rare, but the foregoing complication appears unique, and therefore deserving a corner in the Medical Chronicle.

Bridget B., æt 28, married, strong, and healthy, applied for admission into the University Lying in Hospital in March last. She was admitted althongh some time in advance of her accouchement, as she agreed to make herself generally useful in household duties. The present is her fourth pregnancy, nothing untoward having occured in the previous ones.

Labour supervened about 10 A.M., on the morning of 10th inst. And having been summoned, I found, on examination, the os uteri thick,

moist, cool, and yielding. The pains continued, and the membranes ruptured about 1 P.M., when a very large quantity of liquor amnii escaped.

On examination immediately after this event, a loop of the Umbilical cord presented itself externally, but no other presenting part could be reached by the finger. Thinking it a case for version, a dose of Opium was given, and the physician accoucher, Dr. Hall, was sent for. On his arrival, after the introduction of his hand, he detected the occiput presenting above the Brim towards the mother's right Sacro Iliac Synchondrosis, but so inclined as to lead to the supposition that the labour would have terminated in the first position of Nægelé, could every other obstacle be removed. A little to the left a foot was felt, and diagnosed to be the right one, and still higher up a hand, which turned out to be the left one---stretched across the brim of the pelvis was the child's left side; while the umbilical cord still pulsating was prolapsed. By application of the Stethoscope the pulsations of the fœtal heart were heard and counted to be 40 in the minute, thus indicating the great danger to which the child was exposed. Dr. Hall at first imagined that the case was one of twins, but on carefully examining, the fact was ascertained that the funis, foot, occiput and hand all belonged to the same child. An attempt was made to return the funis and to push up the inferior extremity, so as to permit a descent of the occiput, but the powerful pains which the mother was suffering prevented this manœuvre. By this time the pulsations of the umbilical cord had ceased. Having now resolved upon the operation of turning, Chloroform was administered, and when its anœsthetic influence had been secured, Dr. Hall proceeded to its accomplishment, by seizing the right foot and bringing it into the vagina, he secured it there by a fillet; with some difficulty he succeeded in seizing the other foot, and the labour then proceeded as usual until the delivery of the arms. With very great difficulty the sacral arm was made to effect its curve over the child's chest, but all attempts to perform the same operation on the Pubic one proved unavailing. This arm was found to be crossed behind the occiput, and resting on the brim, the difficulty necessitated a recourse to the blunt hook, This instrument was passed upwards along the back of the child, and fastened upon the shoulder, after which by careful traction it was brought into the cavity of the pelvis, where a very slight manual interference effected the disengagement of the arm. The head was finally extracted after considerable exertion.

The child (which was born dead) was unusually large. It weighed 10 lbs. ½oz., and measured 26 inches in length. The cord was also unusually long being about 28 inches. The duration of the labour was about 5½ hours, and the patient has completely recovered.

MONTREAL DISPENSARY---ANNUAL REPORT.

From 1st May, 1854, to 1st May, 1855:

Patients Admitted 376; Discharged Cured 260; Relieved 106; as unfit Patents 1; sent to Hospital 7; Died 2; 34 were attended at their own residences.

Ages---under 2, 36; from 2 to 8, 38; from 8 to 20, 65; from 20 to 40, 115; from 40 to 60, 87; over 60, 15.

DISEASES AND ACCIDENTS.

Febris Com. Cont.	11	Synovit, rheum.	1	Gastro-enterit	2
" Euteric	1	" scroful	1	Colica	2
" Gastro-ent.	1	Carpi morb.	2	Constipatio	19
" Intermit.	1	Coxœ "	1	Cholera, Infant.	2
" Remit.	4	Onychia	1	Carpi distort.	1
Rubeola Vulg.	4	Abrasio	2	Tarsi "	1
Scarlatina, simp.	1	Ambustio	4	Torsio	1
" Anginos.	1	Contusio	6	Fractur clavic.	1
Vaccinia	1	Gelatio	5	" costœ	2
Varicella	12	Vulnus	9	" Radii	2
Variola, discret.	6	Crustalactea	1	Caries Calvarii	1
Rheumat, acut	10	Ecthyma	1	" Dent.	3
" chron.	3	Eczema	4	Necrosis Tibiœ	2
" syph.	1	Favus	1	Erysipelas	3
Lumbago	1	Herpes Circin.	3	Phlogosis	1
Pleurodynia	1	" Zoster.	1	Labii Inflam.	2
Scrofulosis	2	Impetigo Sparsa	1	Paronychia	1
Debilitas	6	Lepra Vulgar	1	Mastitis	1
Anasarca	2	" Inveterata	1	Abscessus	3
Morb. Cordis	2	Porrigo	1	" manim.	1
Palpitatio	1	Prurigo	1	Furunculus	3
Asthma	2	Scabies	2	Ulcus	9
Cholera, malign.	5	Tinea Capitis	4	Fistula lachyrm.	1
Diarrhœa	36	Cataract	1	Oculi ambust.	1
Dysenteria	6	Conjunctivitis, simp.	3	Ophthal tarsi	3
Enterodynia	1	" Purul.	1	Cophosis	1
Flatus	1	Bronchitis, acut.	6	Otitis	1
Hœmorrhois	8	" chron	5	Otorrhœa	2
Helminthiasis	11	Catarrhus, acut	19	Cystitis chr.	1
Obstipatio	1	" chronic.	7	Incontin urin.	2
Malus Hepatis	1	" senil	5	Gonorrhœa	3
Ebriositas	2	Influenza	2	Spermatorrhœa	1
Cephalalgia	3	Pertussis	3	Urethrœ strict.	1
Hemicrania	1	Phthisis	6	Syphilis	3
Vertigo	1	Dentitio	1	Amenorrhœa	7
Hemiplegia	1	Stomatitis	1	Graviditas	2
Neuralgia	2	Tonsillitis	3	Leucorrhœa	1
Odontalgia	1	Aton Ventric.	1	Menorrhagia	2
Arthralgia	1	Dyspepsia	11	Uteri Homorrh.	1
Podagra	1	Gastrodynia	3	Vulvitis	1

Diseases proving fatal.---Bronchitis Senil, 1; Cholera malign, 1.

Attending Physicians.---January, April, July and October: Drs. Boyer and Wright. February, May, August and November: Drs. Jones and Peltier. March, June, September and December: Drs. Fenwick and R. P. Howard.

QUARTERLY REPORT OF THE MONTREAL GENERAL HOSPITAL, ENDING 31st JANUARY, 1855.

Number of Patients admitted during the Quarter	189	Discharged	194
Remaining from last Quarter.	78	Died	11
		Remaining	62
Total	267	Total	267

IN-DOOR PATIENTS.		OUT-DOOR PATIENTS.	
Males	121	Males	362
Females	68	Females	295
Total	189	Total	657

Diseases, &c.	Admit.	Died.	Diseases, &c.	Admit.	Died.
Abscessus	1	1*	Incontimentia	1	
Ambustio	3		Inebritas	1	
Amenorrhœa	2		Leucorrhea	2	
Amputatio	1		Lumbago	1	
Anœmia		1*	Mania	2	
Aneurismus, Aortæ	1		Menorrhagia	1	
Bronchitis	11	1	Morbus Brightii	1	
Bursitis	2		Necrosis	1	
Catarrhus	3		Neuralgia	1	
Cephalalgia	1		Œdema	1	
Cholera, Canad	1		Ophthalmia	10	
Colica	1		Orchitis	2	
Constipatio	1		Paralysis	6	
Contusio	5		Paronycha	1	
Cynanche, Tonsil	1		Phthisis	1	1*
Debilitas	6	2	Pleurodynia	2	
Delirium Tremens	4	1	Prolapsus, ani	1	
Diarrhœa	5	1*	Pyrosis	1	
Eczema	1		Rheumatismus	10	
Emphysema	1		Rubeola	1	
Epilepsia	2		Scabies	3	
Erysipelas	2		Scarlatina	1	
Feb. Com. Cont	16	1*	Scrofula	2	1*
" Intermit	5		Strictura	1	
" Typhoid	7		Submersio	1	
" Typhus	1	1	Synovitis	2	
Fracture	11		Syphilis	9	
Gelatio	2		Tenesmus	1	
Gonorrhœa	1		Tumor	1	
Hœmorrhoids	1		Ulcus	15	
Hypochondriasis	3		Variola	1	
Hysteria	2		Vulnus	1	

Those marked with an * were admitted during a previous Quarter.

Operations, &c., during a previous Quarter.

Major Operations.—Portions of Feet Amputated, 3; Tumours Excised, 2; Circumcision, 1; Hydrocele Tapped, 1; Operation for Prolapsus, ani, 2. Total, 9.

Fractures Treated.—Simple, 9; Compound, 2. Total, 11.

Minor Operations.---Teeth Extracted, 47; Cupping and other minor operations, 43. Total, 90.

Attending Physicians.---Drs. Crawford and Arnoldi.

ROBERT CRAIK, M.D.,
House Physician and Surgeon.

REPORT OF THE MARINE AND EMIGRANT HOSPITAL, QUEBEC.

[*For the year ending* 31*st December*, 1855.]

Diseases.	Remaining.	Admitted.	Total.	Discharged	Died.	Remaining.	Diseases.	Remaining.	Admitted.	Total.	Discharged	Died.	Remaining.
Abscessus,	3	74	77	77	0	0	Luxatio,	0	6	6	6	0	0
" Lumbar,	0	1	1	0	1	0	Menorrhagia,	1	0	1	1	0	0
Amaurosis,	0	1	1	0	0	1	Morbi Hepatis,	0	5	5	2	3	0
Anœmia,	0	1	1	1	0	0	" Cretanic,	1	24	25	24	0	1
Abortus,	0	2	2	2	0	0	" Cordis,	0	4	4	2	2	0
Arthritis,	0	1	1	1	0	0	" Articulorum	0	2	2	1	1	0
Bronchitis,	3	49	52	40	8	4	Marasmus,	0	1	1	1	0	0
Cynanche, Tonsil.,	0	6	6	6	0	0	Mania à potu,	0	8	8	6	1	1
Concussio Cerebri,	0	6	6	6	0	0	Nyctalopia,	0	2	2	2	0	0
Contusio,	1	94	95	93	1	1	Necrosis,	0	2	2	2	0	0
Caries Ulnœ,	0	1	1	0	0	1	Orchitis,	0	22	22	22	0	0
Chlorosis,	0	1	1	1	0	0	Otitis,	0	1	1	1	0	0
Catarrhus Pul.,	0	4	4	4	0	0	Ophthalmia,	1	21	22	20	0	2
Cancrum Oris,	0	1	1	0	1	0	Peritonitis,	0	6	6	5	1	0
Carcinoma,	0	1	1	1	0	0	Pneumonia,	1	35	36	27	7	2
Dyspepsia,	0	2	2	2	0	0	Phthisis,	4	12	16	1	14	1
Debilitas,	1	1	2	1	0	1	Puerperium,	5	29	34	32	0	2
Diarrhœa,	1	94	95	89	1	5	Pertussis,	1	0	1	1	0	0
Dysenteria,	2	73	75	60	6	9	Pediculi,	0	1	1	0	0	1
Erysipelas,	1	5	6	5	1	0	Phlegmone,	0	1	1	1	0	0
Epilepsia,	0	4	4	4	0	0	Periostitis,	0	3	3	3	0	0
Erythema,	0	3	3	3	0	0	Paralysis,	0	2	2	2	0	0
Epistaxis,	0	1	1	1	0	0	Pernio,	6	16	22	20	0	2
Ebriositas,	0	7	7	7	0	0	Rheumatismus,	6	92	98	97	0	1
Febris, C. C.,	5	258	263	247	10	6	Rubeola,	0	7	7	5	2	0
Fracturœ,	2	42	44	34	3	7	Syphilis,	6	161	167	156	0	11
Febricula,	4	41	45	42	0	3	Strictura Urethræ	1	5	6	6	0	0
Febris Intermit.	0	21	21	20	0	1	Sarcini Ventriculi	1	0	1	1	0	0
Fissura, ani,	0	2	2	2	0	0	Scarlatina,	0	12	12	7	5	0
Fistula in ano,	0	2	2	2	0	0	Scrofula,	0	4	4	4	0	0
Gastralgia,	0	1	1	1	0	0	Synovitis,	0	1	1	1	0	0
Hydrops univers.	1	7	8	4	0	4	Subluxatio,	0	6	6	6	0	0
Hysteria,	1	5	6	6	0	0	Typhus,	2	66	68	60	8	0
Hæmoptysis,	0	3	3	2	0	0	Ulcus,	3	55	58	55	0	3
Henecralopia,	0	1	1	1	0	0	Ustio,	1	18	19	17	1	1
Hæmorrhoides,	0	2	2	2	0	0	Variola,	0	37	37	21	9	7
Hernia,	0	4	4	4	0	0	Vulnus,	0	31	31	31	0	0
Hydrocele,	0	2	2	2	0	0	Varicocele	0	2	2	2	0	0
Idiotismus,	0	2	2	2	0	0							
Insolatio,	0	1	1	1	0	0	Total,	65	1528	1593	1428	86	79
Insania,	0	1	1	1	0	0							

BOOKS RECEIVED FOR REVIEW.

Hayward's Surgical Reports and Miscellaneous Papers. From the Author.

Haskins' Chemical Analysis of the Tennessee Collection of Urinary Calculi. From the Author.

MEDICAL NEWS.

A NOBLE EXAMPLE.—Miss Elizabeth Pratt has bequeathed $20,000 to Massachusett's General Hospital.—Professor Draper, of New York University, the accomplished Chemist, is about to publish a treatise on Physiology, it will be issued in August next.—A verdict of $1,500 has been recently rendered in the Superior Court, Mass., against Dr. S. C. Hewitt, an irregular practitioner of Boston, in an action for malicious prosecution.—The Royal Infirmary, Edinburgh, is in debt to the amount of £10,318. A public meeting has been held in that city to collect funds to liquidate the debt.—*New York Dispensaries.* At the Dewitt Dispensary 1,844 patients were under treatment in the month of April; at the Eastern Dispensary 2,365; at the Northern Dispensary 1,176, and at the North Western Dispensary 902.—The trustees of the University of Pennsylvania have elected Henry H. Smith, M.D., of Philadelphia, to the chair of Surgery, made vacant by the resignation of Dr. Gibson.—From Lucian, Pliny and Martial, we may learn that teeth made of ivory were used by the people of their time and that single teeth were often inserted bound with gold wire.—Sir Wm. Burnett, K. H., after serving 33 years as chief of the Naval Medical Department, has placed his resignation in the hands of Government.—M. Soyer had proceeded to Scutari at the instance of Government to superintend the dietary of that Hospital.—The wife of one of the Surgeons of the Smyrna staff is to have £300 a year as matron of the Hospital.—M. Chas, Professor of Gymnastics, who died lately at Berne, has bequeathed to that town several sums of considerable amount on condition that his skeleton shall be placed in the Museum of Natural History as a proof of the happy influence of gymnastics on the human body.—*Photographic images found on the bodies of those struck by lightning.*—A lady of Lugano sitting near a window during a thunder storm received a shock which was not followed by any dangerous consequences, but a flower which happened to lie in the way of the electric current was figured upon her leg and she preserved the appearance during the rest of her life.—Dr. Quintard was presented with a splendid bible by the Medical class on his giving up his professorship of Physiology in Memphis College, and the practice of Medicine preliminary to entering upon the Ministry.—2,981 paupers were admitted to the Alms-house in New York City in 1854.—The Hospital for consumption and diseases of the chest at Brompton, in England, has had a new wing added to it, and will now accommodate 230 in-patients giving over 40 beds to each Physician.—The Medical Society in Edinburgh lately celebrated its 118th Anniversary.—Dr. Jno. C. Warren of Boston, has presented each of the Theological Institutions in the United States, with a copy of Loving's "Hundred Boston Orators."—The whole number of admissions into the New York Hospital last year was 3,900, of which 1606 were Surgical.—The average deaths of the whole was 10 per cent, including coroner's cases; without them 6 per cent.—Dr. Henry Fisher, of New York, recommends the Iodide of Ethyle as a remedy in some pulmonary diseases.—Professor Sanford B. Hunt has become the proprietor and sole Editor of the Buffalo Medical Journal; Professor Austin Flint, the former Editor, retiring from the management.—The Ohio State Medical Society has passed a resolution unanimously that it is not derogatory to the Medical Profession to hold patents for Surgical and Dental Instruments; thereby conflicting with the code of ethics of the American Medical Association.—The Stethescope Medical Journal which has been published for the last year or two at Richmond, Va., under the direction of the Virginia State Medical Society who are its proprietors, is to be sold at auction by vote of the Society.—The number of deaths in the city of Washington, in a population of about 6000, from July 1853 to 30th June 1854, was 1209. More than half of this number were less than 15 years of age.—Professor J. B. Lindsley, Professor of Chemistry in the Medical Department of the University of Nashville, has recently been elected Chancellor of the University of Nashville, Tennessee.

THE

MEDICAL CHRONICLE.

VOL III.] JULY, 1855. [No. 2

ORIGINAL COMMUNICATIONS.

ART. V.—*Lecture on a Case of Aneurism of Arch of Aorta, and Diseased Heart*, delivered in March, 1853; being one of a course on Physical Diagnosis. By R. P. HOWARD, M.D., &c., Physician to Montreal General Hospital, Professor Medical Jurisprudence, M'Gill College.

GENTLEMEN,—We have now in the wards a case presenting many points of interest, and furnishing us with an opportunity of applying those principles of physical diagnosis which have formed the subject of this course of lectures. You have already witnessed the examination of the patient, and have had several opportunities of testing for yourselves the existence of those conditions upon which my opinion of the nature of the case has been based, and I now propose to recall to your memories the details of those conditions, and to examine how far they justify the opinion formed:—

Robert Stuart, æt 64, a pensioned soldier, was admitted into my wards on the 28th February, 1853, complaining of cough, difficulty of breathing, palpitation, and inability to exert himself. Usually enjoyed good health until the fall of 1851, when he thinks he caught cold, as he was attacked with a severe cough, followed in a fortnight by difficult breathing. He was bled, and after some time the cough ceased altogether; but since then he has experienced a constant sense of "fluttering at the heart," and when walking vast dyspnœa has been added to this, and occasionally severe pain has extended to the left shoulder, and down the left arm to the elbow. Within the past few weeks he has suffered from these symptoms more than previously, and besides a paroxysmal, laryngeal cough, a sense of obstruction or "difficulty" in the region of the trachea, there have supervened much dyspnœa on the least exertion, occasional attacks of severe pain in the spine of the left scapula, and a sensation of *pins* running into his fingers, even when lying quiet. He preserves almost the semi-erect position in bed, inclined to the left side; sleeps very

little, his short naps, being restless and disturbed by dreams. There is no œdema nor dropsy of any part; and the expectoration is a scanty mucus.

The following is a summary of the physical signs carefully noted on the 2nd instant, two days after his admission :—

Inspection.—Visible pulsation of right carotid, subclavian, brachial, radial, femoral, and posterior tibial, and of left subclavian, femoral, and posterior tibial arteries. Enlarged internal and external jugular and inferior thoracic veins; epigastric veins visible, but not enlarged; varix of right internal saphena of many years standing; no pulsation in veins; inspiration in erect posture causes filling and turgescence of right external jugular; expiration has contrary effect. Pulsation of cardiac region below nipple and of the epigastrium and adjacent superior abdominal regions. Prominence of the epigastric, and both hypochondriac regions; none of the thoracic walls; some fluttering of left infra-scap., and of both supra-clavic regions.

Palpation.—Pulsation of arteries of right arm and side of neck much stronger than that of their opposites. Right radial pulse full, soft, jerking, regular, vermicular,—90 a minute. Left radial, also jerking, is so weak that it is counted with difficulty,—also 90. Rather forcible pulsation of the epigastrium synchronous with heart's impulse, which latter is strongest at xyphoid cartilage, and about $\frac{3}{4}$ of an inch to outside of right nipple, and 3 inches lower down, occupying 6th and 7th spaces; rather weak between nipple and sternum, where the sounds are quite audible.

Mensuration.—Circular measurement at nipple, $18\frac{1}{8}$ inches on right side, $16\frac{3}{8}$ inches on left. Expansive movement, $\frac{3}{4}$ inch on right side, $\frac{1}{2}$ inch on left.

Percussion.—Great clearness of right side of chest as low as 7th cartilage anteriorly, the 8th rib laterally, and the 10th or 11th posteriorly; similar clearness, but not in equal degree, also exists over a larger space than natural of the left side, except in the region of the heart, where the superficial transverse dullness measures $3\frac{1}{8}$ inches, and extends from $\frac{3}{4}$ inch outside nipple to edge of sternum; the deep-dulness reaching to right edge of sternum; vertical dulness commences at upper edge of 4th left rib, and extends down 4 inches. Hepatic dulness extends considerably below margin of ribs on right side.

Auscultation.—Respiratory murmur heard generally over chest. Inspiration soft, equable, and distinct; expiration longer, louder, and hollower than it, having somewhat of a bronchial character, over the right lung posteriorly; the same characters of inspiration and expiration obtain over left lung, but their intensity is very much less, especially in the lower part of scap. and in the infra-scap regions, where, indeed,

respiratory sounds are relatively very weak. Voice has a peculiar muffled resonance, which is slightly greater at root of left lung, and much greater at inferior angle of left scapula than at corresponding points of right side.

Loud, rough, blowing, systolic, and diastolic murmur over heart generally; loudest at 3rd right cartilage, and an inch above and below that, next at 3rd left cartilage, and next at 2nd right cartilage,—but here both murmurs are decidedly less audible than at 3rd cartilage. The cardiac 1st sound audible, but accompanied by murmur, and the 2nd audible without murmur at ensiform and right 5th cartilages. In left 5th intercostal space, 2 inches from sternal edge, and 2½ inches below nipple, —*i.e.*, about situation of displaced apex,—the 1st sound is audible, but accompanied by a faint murmur, and the 2nd sound unattended by murmur is faintly audible. At left nipple, both sounds audible without murmur. Both murmurs audible below centre of clavicles, and louder on right side; systolic murmur faintly audible in both inter-scap. regions, more so about situation of root of lung than lower down. Cardiac rythm natural.

Diagnosis.—Hypertrophy with dilatation, chiefly affecting left Ventricle; displacement of heart downwards and to the left; tumor, most likely aneurismal, involving transverse portion of aortic arch, to left of arteria annonyma; doubtful whether combined with constrictive and regurgitant disease of aortic orifice.

Why did we conclude that hypertrophy with dilatation of the heart existed? Because of the direction and increased extent of the cardiac dulness, vertical, and transverse, and of the cardiac pulsation; the force of that pulsation; the existence of a condition likely to induce hypertrophy, viz., obstruction to the onward flow of the blood, caused by the (supposed aneurismal) tumor at the arch, and the probable coexistant disease of the aortic orifice; the strength of the pulse in the arteries of the right side of the neck and the right arm; and the distinctness with which the cardiac sounds were audible over the dull region.

Were the extensive dulness present due to fluid in the pericardium, the dullness would have extended upwards above the 4th rib, rather than downwards considerably below the nipple, and would have had a pyramidal outline; and such an amount of effusion as must have obtained to have caused the extent of dullness existing would have rendered the heart's sounds almost inaudible, or very much muffled them, in the cardiac region, and have caused the heart's impulse to be almost imperceptible, and given it an undulating character. The absence of prominence of the cardiac region does not affect the question materially, as it is a rare condition met with, both in copious pericardial effusion

and extensive hypertrophy of the heart. Neither, in my opinion, does the fullness of the epigastrium; as the enlargement and downward displacement of the heart consequent upon its own increased weight, and the additional weight of a tumor near its base, and perhaps partially consequent upon the state of the right lung, will as properly account for it as would the presence of fluid in the pericardium.

I regard the hypertrophy as chiefly affecting the left ventricle; firstly, because the dullness extended so much downwards and to the left; and secondly, because a condition favorable to the production of that state of the left ventricle existed either at the aortic orifice, or the arch, or at both. Dilatation was inferred to exist with the hypertrophy on account of the loudness of the cardiac sounds, their wide transmission over the chest, the large surface over which pulsation was perceptible, the fair volume of the arterial pulse, and the moderate force of the heart's impulse. The right ventricle, I concluded, participated in the condition of the left, both because of the marked epigastric pulsation, and the existence of some degree of obstruction to the pulmonary circulation resulting from the hypertrophied, if not the emphysematus, state of the right lung and the compression of the left, to which your attention will be again directed.

The next clause in the diagnosis requiring comment is "tumour, most likely aneurismal, involving transverse portion of aortic arch to left of arteria innonym." You will remember that the left side of the chest on the level of the nipple measured an inch and three quarters less than the right, that there was flattening of the left infra-scapular region, and that the expansion movement was diminished on the same side—that yet there was no dulness on percussion over the lungs except that in the cardiac region, and that while the character of the respiratory sounds was very much alike on both sides, their intensity was much less on the left—that there was no past history of pleuritic effusion to explain this condition of the chest—that there was a somewhat muffled voice, a laryngeal paroxysmal cough without expectoration, and a sensation of obstriction referred by the patient to the upper part of the trachea—that the pulsation in the left carotid, sub-clavian and radial arteries was very much weaker and less visible than in the right—that the right external jugular and thoracic veins were more distended than the left, and that the vocal resonance was greatest over the root of the left lung and the left infra-scapular region, than over the corresponding points of the other side. This combination of conditions seems plainly to establish the existence of a tumor of some kind, so situated about the arch of the aorta as to compress the left bronchus as it passes under that arch, and to involve the left recurrent nerve, which hooks round that arch, and to

interfere with the flow of blood through the vessels which rise from the left portion of that arch. This compression of the left bronchus preventing the admission of the normal amount of air to the left lung, accounts for the relative persistent weakness of the respiratory sounds universally over that lung, the deficient expansive movement, and the contraction of that side of the chest, without dulness on percussion. It is probable, too, that both the tumor and the enlarged heart may act in producing these evidences of internal pressure, by compressing the lung itself; and this seems the more probable, from the fact, that these evidences are strongest over the lower part of the lung, the part most exposed to such compression; but this admission, you will perceive, does not at all weaken the argument in favor of the existence of a tumor about the arch of the aorta and root of the lung. The existence of paroxysmal laryngeal cough, the hoarse raucous laryngeal voice, and the sense of difficulty in the trachea, without any detectable disease of the larynx, strongly favor the idea of tumor stretching, compressing, or irritating the left recurrent nerve, which, from its anatomical distribution must almost necessarily be affected by a tumor, situated as I suppose this to be.

But why consider the tumor aneurismal? For several reasons. 1st, Because that is by far the most frequent kind of intra-thoracic tumor. It is an important principle, generally acted on in the diagnosis between diseased conditions productive of similar signs and symptoms, to decide in favor of that one which is confessedly the most common. Aneurism, is admitted by most pathologists, to be more frequently met with in the chest than either malignant tumor (which is perhaps the next in order of frequency), or any other form of simple tumor. 2ndly, The situation of the tumor—the arch of the aorta—is one in which aneurism is more often observed than any other tumor, not excepting enlarged bronchial glands. 3rdly, It seems much more probable that an aneurismal dilatation (true or false) of the aorta itself would, while it compressed the left bronchus and recurrent nerve, also interfere with the current of blood in both the left carotid and subclavian, than that a tumor external to that vessel would do so. Lastly, the advanced age and the sex of the patient, the absence of expectoration resembling currant jelly, of œdema of the arm and side of the chest, corresponding to the side occupied by the tumor, and of any malignant cachexia, and the severity and course of the pain, felt chiefly in the spine of the scapula, and in the interscapular region, but occasionally extending down the left arm to the elbow and fingers, all favor the idea of aneurism rather than of cancerous or other kind of tumor.

The existence, then, of aneurism of the aortic arch is rendered very

probable, but is not positively certain, because of the absence of a circumscribed prominence of the front of the chest wall, having a pulsation and sounds independent of those of the heart. This absence may be due either to smallness of the tumor, or to its taking an inward and downward, rather than an outward and upward direction, and is not sufficient of itself to negative the idea of aneurism.

But the last clause in the diagnosis requires consideration. It is beset with some difficulties which we had better examine. A systolic and diastolic murmur, more audible at the base than at the apex of the heart, accompanied by a jerking and visible pulsation of the arteries, is for all practical purposes admitted to distinguish disease of the aortic valves, or of the first portion of the aorta from disease of the auricular valves, and hence we excluded the latter valves and their orifices from any participation in the production of the murmur. But the combination of physical signs just mentioned, may be produced either by disease of the aortic valves permitting regurgitation through the aortic orifice, or by aneurism of the aortic arch. At one time it was supposed, that a jerking visible pulsation of the arteries, (a very anæmic state of the blood not existing) was a proof of permanent patency of the aortic orifice; but it is now well known that regurgitation of blood from the aorta into an aneurismal dilatation, or through an artificial communication into the pulmonary artery, the vena cava, the ventricles of the heart, &c., is capable of producing it, and as I have already given strong reasons for believing in the existence of aneurism of the arch, we must refer the visible jerking pulse to the aneurism, unless we have other evidence to adduce. Have we other evidence? We have. It is admitted by our first authorities in these matters, that when a murmur has a greater intensity at the 3rd right cartilage, than at the 2nd, it indicates disease of the aortic orifice, rather than disease of the aorta itself; and such being the fact in Stewart's case, I would at once decide for the existence of a morbid condition of that orifice, but for one circumstance, viz., the displacement of the heart downwards, which may explain why the murmur, though produced in the arch of the aorta, is more audible lower down, over the normal situation of the aortic valves, than at the aortic cartilage, (the 2nd right,) the point at which murmurs developed in the aortic arch are usually loudest. It is then chiefly because of the displacement of the heart that I have considered the existence of disease of the aortic orifice "doubtful."

Montreal, June 25, 1855.

N.B.—The notes of this case were taken by Mr. (now Dr.) John L. Stevenson. Its sequel will appear in the August number of the Chronicle.

ART. VI.—*On some rarer Forms and important Complications of Scarlet-Fever.* By JAMES BARNSTON, M.D., Edin.

During the past six months, the febrile exanthems have prevailed to some extent in many localities of the Town and in its neighbourhood, and it is in the belief that some interest might be taken in the subject, that I submit the following observations on one of these febrile disorders, which is, perhaps above all others, subject to important deviations and severe complications—at all times worthy of the consideration of the Medical Practitioner.

It may be remarked, in the first place, that *Scarlatina Maligna* is always characterized by severe constitutional symptoms. From the first there is an evident and marked diminution or lowering of the vital powers. The nervous and muscular prostration is great and the general fever assumes the low typhoid or asthenic form. In many of these cases the symptoms gradually become aggravated and lead to a fatal termination between the fifth to the tenth or sometimes to the fourteenth day.

In some rare instances, however, occurring almost solely when the disease is epidemic, a fatal issue may take place within 20 to 30 hours subsequent to the attack, and that too without displaying any ordinary symptoms of Scarlet-Fever. The following case, witnessed four years ago will illustrate this remark. It was that of a boy, 12 years of age—one out of six of the same family, all lying ill of Scarlet Fever,—who was attacked at 1 A.M. with violent shivering, headache and vomiting, with very slight sore-throat. The pulse was quick, feeble and fluttering from the commencement. The vomiting continued unchecked by all remedial means, the general prostration rapidly increased, the whole energies became completely exhausted, and coma gradually supervened and deepened, till the patient died at ½ past one the next morning—exactly 24½ hours after the commencement of his illness.—The occurrence of death at so early a period is comparatively rare, but it may be observed that the rapidity of the fatal termination of the disease is much more frequent and striking during some epidemics than in others and we have it recorded, as in the epidemic of Malignant Scarlatina which prevailed in Paris in 1743, "every individual who was attacked perished, many indeed within *nine* hours from its invasion." In the majority of these cases where the patient sinks, as it were from the first, where the vital powers are rapidly exhausted and death speedily supervenes, no morbid appearances can be observed on *post-mortem* examinations, that could adequately explain the cause of death. No conjestion of the cerebral vessels, no vascularity of the membranes of the brain can be discovered, and even the small amount of serous-effusion which is only occasionally observed within the ventricles cannot in any degree account for the

serious nature of the symptoms or the rapidity of the fatal termination. The pathological cause of death is therefore uncertain.—It is more than probable that the sudden and extreme vital depression, exhaustion and rapid death, is the result of the malignant nature of the morbid poison which, when introduced into the system operates either by producing a diseased condition of the blood or by otherwise proving a direct and immediate *shock* to the whole nervous system, but more especially to the cerebral portion.

The complication—probably the most common and fatal in scarlet fever—is sloughing or gangrene of the throat, accompanied by suppuration of the cervical glands and in which there would seem to be a subsequent re-inoculation of the system by morbid poison. The case I now submit is but the history of many of those fatal cases, resulting from this serious complication. A girl, æt 16, first complained of sore throat, which on the second day became violently inflamed and swollen. The tongue at first coated with a whitish-gray fur, was now totally denuded of its morbid covering, became exceedingly dry and hard and presented numerous red prominent papillæ on its surface. The vital powers became greatly prostrated and the fever assumed a marked asthenic type —suffusion of eyes—no delirium. On the 3rd day the tonsils suppurated, the glands of the neck became swollen and enlarged, accompanied by a slight inflammatory blush on the surface. On the 5th day a large slough separated from the throat, followed by an ichorous discharge from the mouth and nostrils—the latter presenting a peculiar glazed appearance. Diarrhœa followed and all the general symptoms became more aggravated. On the 6th day, the neck became enormously swollen, the skin over it exhibiting a livid, shining aspect as if glazed; the right parotid suppurated and when opened produced a most sanious purulent discharge. At this time a fresh fever was lighted up, the pulse became quicker, smaller and more feeble, the patient more restless and fretful, and a low delirium occurred at intervals. The child lingered on, under the administration of stimulants till the beginning of the ninth day when she died comatose.

This solitary instance proves sufficient to show the malignant nature of the S. F. poison and its specific action upon the throat and glands of the neck. It would also lead us to believe, that towards the latter end, a new poison entered the circulation. The system became re-inoculated by the absorption of malignant purulent matter, adding fuel to the flame and lighting up, as it were anew and materially aggravating the already established fever. There is another circumstance which tends strongly to validate the probability of purulent absorption in cases of this nature, namely, the fact that the joints sometimes become seriously affected—the affection not being primary but secondary—the result of *purulent*

deposit. In relation to it Dr. Tweedie remarks:—"In a few instances we have seen the large joints suddenly become extremely painful to which swelling with evidence of fluctuation succeeded and the patient was destroyed in a very short time." Subsequently, when speaking of the morbid anatomy of these fatal cases, the same author observes:—"there are not always marks of inflammation of the synovial membrane. In the last case, however, which we examined in which pus was deposited in the left wrist and in both ankle-joints, there was deposition of pus exterior to the wrist-joint, among the carpal bones. The synovial membrane of the wrist and ankle was evidently redder than natural, but there was no abrasion. We are therefore inclined to think that these purulent formations in the joints may occur without antecedent inflammation; and even in the case alluded to we doubt the co-existence of inflammation; it is more probable that the pus which was deposited was not the consequence of the inflammatory action, but that the purulent fluid was deposited from the blood, in the same way as it is sometimes deposited in other parts of the body." (Cyclop. Pract. Med. Art. Scarlatina.)

A much rarer complication than the preceding is the sudden occurrence of rapid gangrene of the mouth involving the soft structures of the cheek. This unusual and very frequently fatal complication is liable to supervene in young scrofulous or otherwise debilitated constitutions, towards the latter end of the fever, which, in such a case, exhibits the marked typhoid character. I here give the progress of the local affection as I observed in a little girl, æt. 10, of a feeble constitution, who contracted scarlatina anginosa which merged on the 4th day into a malignant type. When visiting her on the morning of the 6th day I found that hæmorrhage had taken place from the mouth, the blood adhering very firmly to the teeth and lips. On looking into the mouth I observed a dark slough of the mucous membrane lining the left cheek. On the 7th day the slough had enlarged and deepened into the soft structure of the cheek which was now swollen and presented a pale shining, glassy aspect. A small livid speck or tubercle also shewed itself on the surface of the face, exactly corresponding to the internal slough. On attempting to detach the latter it separated into shreds, being adherent to the sound textures. It had an exceedingly fetid odour. By the evening, the livid speck observed in the morning, had enlarged to the size of a four-penny piece. It presented a dark ash-gray surface—depressed beneath the level of the surrounding skin. Its margin was circular, well-defined, and not surrounded by any red or inflammatory appearance. On the following day the gangrenous mass had spread to the size of a two shilling piece, depressed in the centre,

shrivelled and still retaining its circular form. The cheek was enormously swollen and highly glazed in appearance.

This was a striking case of rapid destruction of tissue by gangrene, which, to all appearance, was not preceded nor accompanied by the ordinary inflammatory process. Although prompt measures were employed to arrest its progress, they were of little avail. The local disease spread with astonishing rapidity; a great portion of the cheek became a mass of gangrene and the child died on the 9th day.

The *kidneys* are, above all organs, the most liable to become the seat of much disturbance both during the existence of the fever and during the period of convalescence. Throughout the whole or during a period only of some epidemics, there is a marked tendency to grave renal disorder and so prominent does this tendency appear as to mark the character of the epidemic, that not a few writers who have witnessed it, have described *Scarlatina Renum* as a distinct variety of Scarlet Fever. Questioning the propriety of adopting a title so distinctive, the importance and comparative frequency, in some epidemics, of serious renal disease cannot be denied and should direct the physician to bestow particular attention to the condition of the kidneys and the secretion of urine.

If the urine be examined frequently in Scarlet Fever, its ordinary conditions will be found to vary little from the urine observed in continued fever about the same periods of the disease. There is one essential peculiarity, however, indicated in scarlatinal disease, namely, the frequency of *Albuminuria*—the elimination of albumen from the blood by the kidneys. Judging from the many examinations made of the urine of scarlatinal patients, I have noticed it a rare exception to find no albumen eliminated by the kidneys during the progress of the fever. The amount was generally small, but enough to indicate its presence by heat and nitric acid—heat causing a haziness or feeble co-agulability of the urine, while nitric acid precipitated the albumen in the form of flakes or of pulpy matter at the bottom of the tube.

The secretion of albumen *alone* is far from indicating a diseased condition of the kidneys themselves. These organs have frequently been found quite healthy, altho' albumen has been observed in the urine—even for some time before death. In such cases we must, therefore, consider simple albuminuria to depend upon a temporary disorder of the renal functions—the result of some pathological condition of the blood. This idea may be also borne out by the circumstance that urea, a normal constituent, is almost invariably found in deficient quantity in the urine of such cases of scarlatinal albuminuria. This by no means warrants us to believe in the opinion of Solon and others that albumen is

formed by transformation at the expense of Urea, nor are the two vicarious of one another, since Dr. Christison has observed in relation to Bright's disease, that when the urine was deprived of the greater part of its urea the quantity of albumen contained in it was small and on the other hand, in cases where the urea was considerable in quantity, the albumen also was plentiful; coincident also with albuminous urine, the blood has been found to contain a considerable quantity of urea.

But the morbid elimination of albumen, combined with other products in the urine of scarlatina patients, is indicative of important organic changes in the renal organs. Thus, during the primary fever and more especially towards the latter end of the eruptive stage of *S. Anginosa*, the kidneys are very liable to become congested and inflamed—the degree of inflammatory affection bearing some relation to the severity of the fever existing at the time, although by no means invariably so. The circumstances to be relied upon as indicating acute renal disease are scantiness and turbidity of the urine, the detection of albumen by chemical tests, and of numerous tube-casts of the kidney with a multitude of epithelium scales, by the microscope. These fibrinous casts are seen moulded according to the shape and size of the tubulæ uriniferæ, some firm and perfect, others broken down and irregular.

The supervention of kidney disease is sooner or later followed by dropsical effusion either into the subcutaneous cellular tissue or into some internal serous cavity or both; of this we shall merely observe that notwithstanding the general opinion that scarlatinal anasarca belongs to the class of febrile dropsies, we are much inclined to look upon it as a distinct form of *acute renal* dropsy; that is both secondary to, and essentially dependent upon the renal disease; for there is generally, if not invariably, observed a well-marked connexion between the inflammatory disease of the kidneys and the subsequent dropsical effusion: and again, careful examination of the body in many fatal cases, where the serous cavities are found full of clear fluid, cannot detect any of the unmistakeable products of inflammatory action. The accumulation must, in such cases, be considered as a mere infiltration or passive elimination, from the blood, of fluid, which is deprived of much of its albumen and consequently diminished in density.

Although the disease of the kidneys in scarlatina is manageable in the milder cases, it sometimes proves a very troublesome and obstinate affection to deal with—nay more, its ultimate consequences may be formidable for there is every reason to believe that it occasionally lays the

foundation, of more serious and permanent disease of the kidneys. Regarding this point, I cannot do better than quote the observations of Dr. Watson on "Dropsy following Scarlet Fever"—"It is an interesting fact," he remarks, "that the chronic form of renal dropsy manifesting itself at some distance of time, has been distinctly traced back to its source in the acute anasarca immediately consequent upon scarlet fever. The sequence has occurred, in all probability, much oftner than it has been noticed. There is scarcely room for doubting that one form —the granular or inflammatory form—of the organic renal degeneration described by Dr. Bright, does frequently date its origin from an attack of febrile anasarca; and in proportion as facts accurately observed, accumulate on this subject, the chain of connection becomes more clearly visible between acute febrile dropsy, dropsy succeeding scarlet fever and chronic renal dropsy."

Allow me to conclude this but imperfectly written paper, by drawing the attention of your readers to a subject which has only lately been brought before the profession—I mean *Scarlatinal Vaginitis*. The exanthematous inflammation sometimes extends to the mucous membrane of the Vagina, giving rise to an abundant discharge of muco-purulent matter, which in some cases is so acrid as to excoriate the labia, thighs, &c., and prove a source of great suffering and discomfort. Since attention has been directed to the frequent occurrence of Scarlatinal Vaginitis by Dr. Cormack, (*Medical Gazette*, August, 1850,) I have observed four cases in children under 10 years of age affected with *S. Anginosa*, where this local affection was characterized by great heat and swelling in the parts, acute pain on micturition, and constant and copious discharge of yellow muco-purulent matter, accompanied by excoriation of thighs, &c. They all recovered under appropriate measures. It is important that the disease be always attended to, as the uneasiness and suffering it occasions are great at the time. In the epidemic of Scarlet Fever in 1848-49, Dr Cormack relates that out of 23 female patients, all of whom were cleanly, well-nursed, and in a respectable social position, 12 of the number had well-marked Vaginitis. All were under 14 years of age, with the exception of two who were respectively 26 and 28 and both married. These two were attacked with acute Vaginitis much more severe than any of the children, and one, who was pregnant, aborted.

Montreal, June 16, 1855.

ART. VII.—*Case of Punctured Wound of Anterior Lobe of Brain*—through the Orbital Plate of Frontal Bone—Successfully treated. By JAMES ALEX. GRANT, M.D., Ottawa City.

J. H. æt 22, laborer, came under my charge on the 15th April, in consequence of the following injury:—While viewing the circular saws in operation in the Mill of Messrs. Currier & Dickinson, Ottawa, an edging was suddenly thrown from one of the circular saws which struck him midway between the internal angular process of frontal bone and the inner side of the globe of eye, penetrating a distance of three inches, obliquely upwards and outwards.

On inspection of the wound, a few moments after the receipt of injury, found a small portion of brain in the orifice of entrance; conclusive evidence that the wound extended through the orbital plate of frontal bone, and membranes of brain into the cerebral substance. After probing the wound carefully, three small pieces of wood, each an inch in length and several lines in thickness, were removed; slight hemorrhage from wound. All foreign bodies being extracted, applied cold water dressing.

State of Eye.—Globe protruded several lines more than opposite eye, extensive ecchymosis of the conjunctival surface of eye, effusion of a small quantity of blood into the anterior chamber, and amaurotic condition of the organ. Here the amaurosis may have resulted either from the concussion of the retina or injury of supra orbital branch of fifth pair of cranial nerves, as both had evidently taken place Reaction being established, ordered four leeches to right temple, head shaved, and ice water continuously applied, also ℞ Ol Ricini ℥j., Oil Tiglii gtti., to be taken immediately.

16th.—Has passed a very restless night, pulse 100 full; had a copious evacuation from the bowels; tongue slightly furred, skin hot; distressing pain in head, particularly over right orbit. Leeches repeated to temple, and twenty ounces of blood were taken from the arm; these rendered him faint, and somewhat relieved the pain in head. Ordered two grains of calomel every four hours.

17th.—Has slept little during the night; slight delirium, and a disposition to walk about; tongue dry, pulse 96 full and more compressible; passes his urine freely. Continue the calomel every six hours; cold to head and eye as formerly, and low diet.

18th.—Has passed a quiet, though sleepless night; has a constant desire for cold drinks.

19th.—Has had a much better night than expected; mercurial fetor of breath; tongue moist, skin not so hot; constant pain in head abating in severity at intervals. Ordered an enema; leeches to right temple, and ℞ Hydrarg Chloridi gr. ij. every six hours.

20th.—Has slept more than previous night; skin cold; pulse less frequent, full, and compressible; tongue moist. A fresh pledget of lint was applied over the wound in lid, and retained in situ by adhesive straps; continue treatment.

21st.—Rested several hours during the night; still complains of pain in head; soreness of gums and mouth; skin moist and cool; tongue not so much furred. Discontinue Calomel; ordered blister to right temple, also the following mixture:—℞ Ant. Tart. gr. iij., Mag. Sulph. ℥ iij., Tinct. Lavd Co ℥iij., Aquæ ℥ v iij. A table spoonful to be taken every four hours.

22nd.—Pain in head slightly abated; has had several passages in his bowels, and feels much improved. Continue mixture.

23rd.—Passed a good night; pulse much reduced in volume; feels more inclined to answer questions; still not perfectly conscious of what has transpired; occasionally sings during sleep. Swelling of lid much reduced; wound tending to cicatrise. To continue cold to head and mixture.

24th.—Progressing satisfactorily; says he feels much better.

25th.—Has had a slight rigor; increased thirst; restless during the night; inclined to leave his bed; bowels freely opened. Continue mixture every six hours, blister to nape of neck.

26th.—No rigor since last night; rested better.

28th.—Continues improving daily; allowed a small quantity of chicken broth.

May 1st.—He sat up and experienced a decided change for the better. During the period elapsed, from day of accident to present date, he has labored under slight mental aberration; talks of affairs disconnectedly; impairment of memory; still he almost immediately recognises any person previously seen.

2nd.—Rests well at night; pain in head almost entirely gone; wound in lid closed; globe parallel with that of opposite eye; inability to elevate the lid; chemosis of lid much reduced; entire loss of vision in injured eye.

6th.—Going on satisfactorily; able to walk about the house and enjoy food with some relish. During all this period active antiphlogistic treatment has not been lost sight of.

10th.—Continues improving daily; pulse perfectly regular; rests well at night.

After this period nothing of consequence transpired, and on the 16th May I considered him convalescent. His memory improves slowly. Dimensions of stick: thickness, half an inch; breadth, $\frac{5}{8}$ of an inch; length of piece entering, three inches.

Ottawa City, May 28, 1855.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

IV.—*The ear in health and disease with practical remarks on the prevention and treatment of deafness.* Illustrated by many fine wood engravings. By Wm. Harvey, F. R. C. S., Surgeon to the Royal Dispensary for diseases of the ear. London, Henry Renshaw, 1854, pp. 236. From the author through Dr. Gibb of London.

The first 15 pages of this work contain an anatomical account of the ear and the remainder is devoted to the pathology of this organ with the treatment of its diseases. The description of the first portion is simplified of much of its complexity and still rendered sufficiently minute for practical purposes. It seems to us a great mistake, into which writers too often fall, of taking up a disproportionately large share of their productions with subjects of minor importance or with those holding a secondary place. This generally leads to the exclusion of a large amount of useful matter from the after parts and which from the title of the work we are led to look for, the author has therefore in the present instance, by his moderation, exhibited a better taste and more acute discernment than many others who have gone before him into the arena of literary distinction. The arrangement of the remainder is also very appropriate—and the diseases of the different compartments of the organ of hearing are considered consecutively in proper order—those of a general character beginning and those of a more circumscribed following:—Commencing with deafness, the affections of the auricle are entered upon, then succeed those of the meatus, tympanum, middle ear, and labyrinth, and lastly a chapter is devoted to deaf mutism.

The first symptom of deafness separately mentioned is tinnitus—this, however, often exists as an affection per se and is frequently noticed when hearing is perfect. The author in alluding to the contrariety of opinion as to its cause, says, that recent observation proves that it is generally induced by a species of hyperœsthesia or morbid irritability of the auditory nerve. We have no doubt in our mind that this explains its presence in many cases but we also feel that it is inadequate to account for some others which, though perhaps less frequent, are yet as important to know as the former. Without entering upon a thorough survey of the varieties of tinnitus, we may observe that *two* have occurred to us that are not commonly recognized. We are not insisting so much upon any difference in the character of the disorder as upon its proximate cause or *nature*, for it would seem here as in other cases that the same features are presented by dissimilar agencies. Tinnitus, as understood by Dr. H, is really an illusion, for a sound is heard when there is no material cause for its production—it proceeds from an error of innervation in the absence of the usual operation by which sound emanates and is communicated. So that, if, as is admitted, organs that have never received impressions can at no time become the seats of illusions based on those impressions; as for instance those born blind can never apprehend optical illusions—so that if this postulate be true, tinnitus, as described by Mr. H. could never afflict the person deaf from his birth. But it is not so with the forms we think we have recognized; in these no such exemption would be entailed, and the cause of sound is *bona fide* present and obviously material.

In the first form the Tinnitus consists of a confused humming sound, or resembles the first sound of the heart exaggerated, considerably protracted—it is continuous for the time it lasts, but is not of long persistence, and in its occurrence may be either occasional or more repeated and assume a more or less distinctly paroxysmal condition. We refer it to a spasmodic state of the muscles of the tympanum, in consequence of which the tensor membranæ tympani changes the tension of the membrana tympani alternately increasing and diminishing it—and to the musculus stapedius which exerts the same change on the membrane of the fenestra ovalis—a secondary result also produced by this spasmodic action is to alter the relative position to each other of the chain of bones that stretches between these membranes: now in these three actions, the muscular contraction, membranous tension and osseous transpositions we believe, will be found the causes of the Tinnitus we are describing —and this view derives the more probability from the identity it establishes between the agency of the tinnitus and that of the sound to which we have already likened it. The first cardiac sound is part-

ly due to the contraction of the ventricles, and hence we recognize in it the *bruit musculaire*, but it is also due to the tension of the auriculo ventricular valves during their closure and to the prolongation of the note thus caused by the chordæ tendines which, like their diminutives the ossicles, are subtended between two moveable surfaces, the valve and heart wall.

In the second form we have learned from the patient that he feels in his ear a constant ticking which, upon a closer scrutiny, has turned out to be a pulsatory sensation, occurring regularly for a considerable period with equable intermissions, and being synchronous with the beats of the heart, or of the radial artery at the wrist. Indeed, so correct an indicator of the rate of the circulation has it proved, that he has, by counting the ticks, judged as correctly of the rate of his own circulation as a Physician has done by the more ordinary method. This tinnitus may readily be distinguished from every other, and, for convenience sake, may be called provisionally, at least, the *pulsatile*. Its character, we believe, would suggest that it was in some manner more or less directly connected with the internal carotid artery, or rather with the part of the vessel winding through the carotid canal, and in close proximity to the internal ear. The exact abnormality that may exist in such cases cannot be predicted during life, we may, at most, form but an approximation of the truth. It is possible that the blood of such patients may be in a watery or spanœmic state, and a species of *bruit de soufflet* produced in the part which is heard by the patient; or perhaps some extra-vascular pressure may exist such as the impaction of fibrinous exudation or serous effusion between the wall of the bony canal and that of the elastic vessel. Be the real cause, however, what it may, these to us seem the most probable. They are not, however, exactly convertible cases, for it is worth remarking that the pulsatile tinnitus dependent upon poverty of the blood would be heard in both ears, while that resulting from compression of the vessel would be confined to one side. The first case of pulsatile tinnitus we ever met with was one sided, and was remarkable in being associated with paralysis of the muscles, supplied by the facial nerve on the corresponding side of the face. The case appeared to have had an inflammatory origin, and yielded rapidly to mercury pushed to salivation, and succeeded by Iodid Potass; rendering it evident that some vascular product had been thrown out in the *trajet* of the facial nerve,—and which, we think, the anatomical relations will shew to be feasible,—involved the carotid by extension. There, certainly, was no more general cause of morbid action; for the palsy was perfectly local, and unaccompanied by a single mark of either cerebral or spinal disturbance.

The remarks just made are not to be construed unfavorably towards the work of Dr. H.; so far from we ourselves judging it by them, we have pleasure in recording our deep sense of the merits of his writings. We have looked through them with feelings of gratification, and have come to the conclusion that they afford, for their extent, more information on the subjects that they treat of than any other with which we are familiar, and, for ordinary purposes, the practitioner or student will find in them every essential they can require. We strongly recommend our friends, the American publishers, to bring out a copy as early as possible.

V.—*Surgical Reports and miscellaneous Papers, on Medical Subjects* By Geo. Hayward, M. D., President of the Massachusetts Medical Society; Fellow of the American Academy of Arts and Sciences; late Professer of Surgery in Harvard University, and one of the Consulting Surgeons of the Massachusetts General Hospital, pp. 452. Boston: Philips, Sampson and Co. Montreal B. Dawson.

To one who has fulfilled well all the relative duties of life, retrospection cannot be other than an agreeable occupation. When a Physician has arrived at the "sere and yellow leaf" period of his existence, happy is he beyond computation, if with sincerity he can say, "I have faithfully performed my duty to my God—my patients and my profession;" and we envy not the feelings of him, who, in looking back on a spent life, cannot point to a single act performed with a view to advance the profession of which he is a member.

Dr. Hayward has collected into one volume the papers which, at different periods during a long and honorable career, were published for the information of his professional brethren. "They are now collected from a belief that some of them would be useful from the facts and tables they contain, and in the hope that all might be read with advantage by students and the younger members of the profession. It was even thought that they would perhaps be occasionally consulted by those somewhat advanced in practice, whose time was too much occupied to allow an examination of more extended works on the subject of which they treat. At any rate their revision and arrangement for the press have enabled me to review a professional life of forty years' continuance, and thus furnished an agreeable occupation at a time when I did not feel capable of much mental effort."—(*Preface.*)

The chapter on statistics of the amputations of large limbs that have

been performed at the Massachusetts General Hospital from its establishment to Jan. 5th, 1850, is one of some importance. There were up to Jan. 5th, 1850, 69 cases of amputation of the Thigh. Of these only 19 died; the mortality per cent being 27. Up to the same period there were 51 cases of amputation of the Leg, of which 10 died; the mortality being 30 per cent. Of the arm and fore-arm there were 23 amputations, 3 of which, or 13 per cent terminated fatally. These results contrast most favorably with those given by French and English writers. Malgaigne's statistics from the Parisian Hospitals shew the following:—Thigh amputations for injury 66; died 34; mortality per cent 75. Leg amputations 79; died 50; mortality per cent 62. Arm amputations 30; died 17; mortality per cent 52. Amputations for disease exhibit a per centage of mortality less then those for injury:—Thigh 60; Leg 50, and Arm 40 per cent. Erichsen's statistics from the University College Hospital, London, shew the following mortality per cent in amputations performed for injury:—Thigh 58; Leg and Ankle 14, Arm and Shoulder 16¼. Amputations for disease:—Thigh 20½; Leg and Ankle 18; Arm 30¾.

The chapters on "Professional Trials of the Young Physician;" and "Duties of the Medical Profession," will well repay perusal, as they contain matter alike interesting and instructive to the practitioner.

The work is brought out in good style by Messrs. Philips, Sampson & Co.

VI.—*On the Chemical Analysis of the Tennesse Collection of Urinary Calculi.* By E. B. Haskins, M.D. pp. 24.

Dr. Haskins has given in the above pamphlet the qualitative analysis of one hundred and eighty-eight urinary calculi, the number forming the Tennessee collection. Of these Prof. Eve, one of the editors of our talented contemporary, the *Nashville Journal of Medicine*, has contributed 115. The largest calculus in the collection weighs 1,027 grains. The aggregate weight is 16,029 grains, and the average 91 grains. Contrary to what is found to obtain in European countries, uric acid calculi is extremely rare. Out of the number analysed, four only contained uric acid as a predominent constituent; whilst it was found in a free state but sixteen times.

We cannot offer a reason why, but certain it is, that urinary calculus is comparatively a rare affection in Canada. Surgeons, even in extensive practice, seldom have an opportunity of performing the operation of Lithotomy. Dr. Robert Nelson, while in Montreal, probably performed

more operations for stone than any other single individual in the Province. His reputation stood high as a lithotomist, and cases were not only sought out by him, but were also brought to him from different parts of the country to be operated upon. Where his collection is we know not.

VII.—*An Outline of Medical Chemistry,* for the Use of Students. By B. H. Rand, A.M., M.D., Professor of Chemistry in the Philadelphia College of Medicine, &c. Philadelphia: Lindsay & Blakiston, 1855. pp, 259.

The above addition to works on Chemistry has lately been issued from the press by Messrs. Lindsay & Blakiston, and forms one of the useful class of original productions with which, from time to time, these liberal and enterprising gentlemen favor the profession. It consists of three parts, which are allotted to principles of Chemistry, Inorganic Chemistry, and to Organic Chemistry. In each is a condensed account of the different topics that fall under discussion, and we have to express our approbation of the ingenuity and skill it displays. We believe the student will find in Rand's Medical Chemistry a summary of the chief points usually expected from him in examinations, and be very thankful to the author for the simple, lucid manner in which they are considered, as well as the easy, comprehensive language in which they are worded. The book is cheap, and a few shillings cannot be better laid out than in its purchase.

CLINICAL LECTURE.

(*From Medical Circular.*)

On Ankylosis and excision of the Knee-joint.—By John Erichsen, Esq., F.R.C.S., Professor of Surgery, University College, and Surgeon to University College Hospital.

Gentlemen,—We had a case of excision of the knee-joint last Wednesday, upon which I propose to make some remarks, but before doing so I shall make a few observations upon a case of ankylosis of the knee-joint, which will be brought into the theatre in a few minutes. When the knee-joint is inflamed, if the disease proceeds to such an extent as to destroy the cartilages, either an operation becomes necessary, to save the patient's life by amputation or excision; or, we must try and get

ankylosis to take place. Inflammation going on to suppuration and destruction of the cartilages, either removal of the limb or ankylosis must be effected. For a limb to be useful, it must become stiffened in a straight not a bent position. With a bent limb, a patient is worse off than if he had no limb at all, the limb is always in the way, and it is looked upon as a disgrace to the surgeon who leaves it in this condition. The case under consideration is one of this kind, which came under my notice some months ago, but as the patient was in an advanced state of pregnancy at the time, I deferred straightening it until after confinement, and as soon as this was over, we would then adopt some means to straighten it. It is now some months after her labour, and she comes with her knee much bent, in a state of partial ankylosis. Ankylosis you may have either complete with bony union, or incomplete without. If it is bony and the limb in a faulty position, you must either amputate the limb, or saw through the bones and straighten it. We had a case six weeks ago in the Hospital, of a girl aged twelve years, with a limb in this faulty position, which has existed since she was a year old. The limb was shortened and much atrophied, and would have been perfectly useless even if straightened, and amputation was consequently performed. The muscles of the leg were found in an atrophied condition, whilst those of the thigh were in a state of fatty degeneration, the ends of the bones were firmly ankylosed, but in a state of caries in particular spots. I saw all treatment except by amputation would have been useless. If there is bony ankylosis of the knee, with a good limb otherwise, there is a plan of treatment recommended by Dr Rhea Barton, of America, which may be adopted, which is to take out a wedge-shaped piece of bone, to permit of straightening the limb, instead of the bent position. In the case you will now see, the joint is slightly moveable, the ankylosis incomplete, and the limb is not shortened, and we shall endeavour to straighten it. (The patient an elderly woman, was here brought in, under the influence of chloroform, and was laid upon the operating table; the right leg was then seized by Mr Erichsen; it was in a semiflexed position from ankylosis, and was forcibly straightened, and then put upon a splint, and she was removed.) As I am straightening the limb, Gentlemen, you may hear the structures within the joint tearing down, the limb shall be put up in a splint, and I expect we shall have little trouble with it. We have lately had a case of bony ankylosis up stairs in a girl, whose leg was amputated, as I already have mentioned; a recent case of rheumatic disease with incomplete ankylosis, under Dr Garrod, where straightening was done; the case you have just seen straightened; and lastly the case of excision of the knee-joint—an interesting group of four cases of afflicted knee-joints. When the splint has been on for some time, in the case just operated on, we will take it off, and allow her to move about, and doubtless she will do well; we do not want a perfectly straight position here.

The case to which I wish to direct your special attention to-day, however, is one of excision of the knee-joint, of which I will narrate the details. It is that of a boy, Patrick Gorman, aged 14 years, whose parents are alive and in good health. Six years ago, when running, he fell and hurt his knee, which was followed in a week after by inflammation and swelling; considerable swelling remained with more or less disease of

the joint since that time; numerous abscesses formed, opened, and healed, and the joint became in a sufficiently satisfactory state, allowing him to go about till last December, when, in consequence of some injury, it became inflamed again, and he had exacerbations of his disease up to the period of his admission on April 20. When admitted it was swollen and inflamed; it was much larger than its fellow, being two inches larger in circumference; on examining it we found an abscess on the outer side of the joint, which I opened; at the time, before doing so, however, I stated that I was not sure whether it communicated with the joint or not, as a probe did not pass into the joint. The joint was very moveable, the ligaments were relaxed, and the condyles of the femur slipped to and fro over the tibia; there was no pain on doing this, or pushing the foot upwards or on striking the heel; none on bending it at a moderate degree, but if at an acute angle the pain was then very severe. He had sweating, flushings, fever, and the ordinary symptoms of hectic. The first thing to ascertain was the state of the joint. I mentioned to you that there was disease of the ligaments and the synovial membrane of the joint, and the reason of my opinion was, that the ligaments were so loose, permitting of the movements of the joint, as already described, and there was a good deal of doughy swelling around it, which is so characteristic of this form of disease, and which has been so well described by Sir Benjamin Brodie. If the cartilages had been much diseased we should have had pain on pressing the surfaces together, or on rubbing them against each other. My opinion then was that there was disease of the joint situated in the ligaments, cartilages, and synovial membrane. What course was now to be adopted? Six years had been spent in treatment without success, the boy's health was wearing out, the irritation still existed, he was getting hectic and intercurrent fever, and would have died in a few months. Two courses presented themselves, amputation and excision. I was rather disposed to amputate, as he looked strumous, he was suffering from hectic, and if strumous it might redevelope itself after the excision, and he might not be able to bear up after excision also, from the exhausting nature of the disease. For these reasons I preferred amputation, but the parents refused their consent, and wanted the other operation. They refused to allow amputation, people in poorer ranks of life dislike the maiming, and will put up with almost anything else rather than lose a limb. Under these circumstances I thought it best to excise the joint. A few words now on the excision of the knee-joint, but I shall not specially enter into it. It is not so modern an operation as has been supposed. It was practised in 1784 by Mr. Park, of Liverpool, in three cases with success. In 1830 Mr. Syme renewed it, but he now does not perform it, judging from his recent writings. About 1850, I believe Mr. Fergusson again renewed it, and since then three and thirty times it has been done, including four times in this hospital. A few words about the manner of performing the operation: It may be done in different ways, but there are three that I shall notice; the first an H shaped incision, two on either side of the patella, with a connecting transverse incision below the patella. The whole joint is thus well exposed. Another method is the elliptical, which I have always practised; and a third, introduced by Mr. Jones, of Jersey,

consisting of two incisions, one on either side, but without the transverse incision; the patella and ligaments are dissected off, and pushed on one side; by this operation you save the ligamentum patellæ, which some operators think of importance. I prefer the second, you get a better view of the joint; the saving of the ligamentum patellæ is not of so much importance as imagined, you get all the structures bound down in the course of healing, and all the parts are consolidated. What parts of importance have you about the joint? The popliteal vessels and nerves. You divide the ligaments in this operation, and the state of the parts, whether the articular surface of the bones are diseased, and also the cartilages, synovial membranes, and other soft structures of the joint. You next proceed to excise the diseased parts. You saw off the diseased articular surfaces, the lower end of the femur first to the extent of an inch or an inch and a half; you next bend the joint forcibly, and either clear the head of the tibia or remove a mere slice with the saw which in general is sufficient. The lower end of the femur is more diseased than the tibia, at least I have found it so. In the tibia the encrusting cartilage occupies a flat surface, in the femur it extends over the irregular condyles. Having removed these, you look to the state of the patella. In the earlier operations the patella was removed, but it was found inconvenient; if, however, it is not diseased, it is as well to leave it, as it tends materially to strengthen the joint. You next approximate the ends of the bones and shave off the flap, to suit the articulation; you put the limb in a slight splint, and use light dressing for a few days, and ultimately, if everything goes on well, you get ankylosis of the joint.

I shall now say a few words as to the operation itself. The object is to save the sound parts of the limb at the expense of the diseased, to save the foot and leg. If too much disease exists however, or if the leg and foot are atrophied, it will be of no avail; if there is a chance of leaving a tolerable limb you may have recourse to excision. There are two points of considerable importance, which perhaps have not been dwelt upon as fully as they deserve. The first is, what is the mortality as compared with amputation of the thigh—the comparative rate of mortality of amputation of the thigh with that of excision? Your alternative is always between amputation and excision, and hence, in dealing with the general question of excision, you inquire what is the mortality from each. If we look at the statistics so far as they go, the operation has been done 33 times (from Mr. Butcher's excellent paper 31 times.) Out of the 33, 27 have recovered, or are in a fair way of recovery, and only five deaths have occurred out of that number. Five out of 33 is a tolerably successful result, being 1 in 6½ cases. What is that compared with amputation for disease? Malgaigne states in 153 cases of amputation for disease 92 died, equal to 60 per cent. In this hospital I collected the statistics of amputation of the thigh for disease, out of 34 cases, nearly the same number as the joints, there were seven deaths; seven deaths against five from excision of knee-joint. Seven out of 34 cases is an extremely favourable rate of mortality, the balance lies in favour of excision; that is, it is less fatal than amputation of the thigh. Now the next question is, what is the result of the operation,—what condition do you leave the patient in? The result varies in different cases. Mr.

Butcher states that in his history of the 31 cases, that 17 out of the 31 were walking about, five had died, the remaining nine being still under treatment; 17 cures out of the 31 last August, were known then to be walking about. I have seen patients who were walking about, and it would have been impossible to suppose that they had been subjected to so severe an operation, or to ascertain what had been the matter; the limb was shortened two or three inches, and they were wearing a high-heeled shoe. Mr. Park's case of a sailor whom he operated upon was enabled to continue the same occupation without inconvenience.

If we look to the result, therefore, we shall find it is most satisfactory and encouraging, and we give the patient a chance of possessing a useful limb. For these reasons, then, I think excision of the knee-joint in certain cases is a perfectly proper and justifiable operation, and ought to be practised. There is one objection urged against it, the time occupied in the cure, such as six or eight months, or even longer, but this is more apparent than real, as for this length of time the patient need not be confined to bed; in two or three months a starch bandage and other treatment, may be employed, and crutches may be used. In amputation of the thigh it is always three or four and often five or six months before the patient can wear an artificial limb; if adjusted too soon the cicatrix will open and ulcerate occasionally, and the patient will have to lay up again. Excision of the knee-joint ought, then, to be practised in favourable cases, in those where there is a prospect of recovery, with the possession of a good constitution and other favourable circumstances.

THERAPEUTICAL RECORD.

(*Virginia Medical and Surgical Journal.*)

Bronchitis—Chronic.—The use of hydrochlorate of ammonia, in doses of fifteen or twenty grains, is highly spoken of by Dr. Delvaux (*Presse Med. Belge*) as a remedial agent in the treatment of chronic bronchitis. He precedes its administration with a purgative, and enjoins a strict diet during its continuance. Dr. Delvaux alleges that the cough will lessen and the dyspnœa become less, whilst the appetite improves. It causes an increased flow of urine, and also an augmentation of the cutaneous transpiration.

Enuresis.—It is very well to have at hand various formulæ for this troublesome affection in children; and we select the following, which we owe to the Gazette de Hopitaux:

Dr. Blaschka, of Freyenwalde, uses equal parts of tinct. nucis vomica and tinct. ferri acet., of which 10 or 15 drops should be taken twice each evening.

Dr. Huber, of Zurich, recommends *ext. nucis vom.* 1 *part, oxyd. ferr. niger.* 48 *parts,* giving two grains night and morning.

Dr. Naegele gives one grain of *tannin* night and morning.

Ganglion.—To break what is commonly called a ganglion, and thus disperse the tumour which is often disfiguring to the wrist, and about which we are often consulted, it is only necessary to flex the wrist so as to make the skin tense; then let the surgeon seize the hand with both of his and place both the thumbs, one above the other, on the ganglion. It is rarely that such pressure does not succeed in its object, whereas the usual way of placing the thumbs side by side, by the law of the diffusion of presence in fluids, the two counteract each other, and there is great loss of force.

Glandular Enlargements.—An ointment of black oxide of copper is thought of great value by Prof. Hoppe, of Basle, (*Deutshe Klinik*) to discuss the various forms of glandular enlargements, so often occurring in practice. He has specially tested its virtues in indurations of the neck and of the salivary glands, goitres, and mammary enlargements.

Hydrocele.—Prof. Langenbeck, of Berlin, not being satisfied with the effects of the iodine tincture as an injection in hydrocele, has recently been employing chloroform as a substitute, with the happiest results. He finds that it produces adhesive inflammation more quickly and more surely than the old remedy. After withdrawing the fluid of hydrocele, he injects about one drachm of chloroform, which remains for a short time, and then is allowed to escape.

Porrigo.—This obstinate affection, often met with on the scalp in children, is attacked at Guy's Hospital with a prescription styled Unguentum Metallorum, and prepared by mixing equal parts of zinc ointment, of the dilute nitrate of mercury, and of the cerate of acetate of lead. It has been very efficacious in porrigo, impetigo, and even in favus.

Syphilis—Secondary.—M. Desmartis, of Bordeaux, declares that after a careful comparison of the effects produced by the different preparations of mercury, he has come to the conclusion that the cyanuret of mercury is of superior value, more especially in syphilis. He states that it never irritates or salivates, and where all the preparations of that metal had failed to produce benefit, that the cyanuret would restore to health, patients whose condition had seemed hopeless.

PERISCOPE.

New method of introducing medicines into the system, more especially applicable to painful local nervous affections.—Dr. Alexander Wood has been led to introduce solutions of morphia and Batley's sedative solution into the cellular tissue, as near as possible to the affected nerve, by means of the small perforating syringe, constructed by Mr. Ferguson of Giltspur street, for injecting aneurisms with perchloride of iron. Dr Wood narrated nine cases in which he had employed this method of treatment, in all with perfect safety, in some with complete, in others with partial success. As to the *modus operandi* of this method of treatment, he endeavored to show, from the experiments of Muller and others, that the

effect of the local application of opium to a nerve was to destroy its sensibility at the part, and that from this action of the drug the immediate cessation of the pain arose. He then pointed out the rapidity with which absorption appeared to take place from the cellular tissue, which seemed to account for the rapidity of the narcotic effect which a small dose of opium so introduced was found to produce. He also pointed out, that other medicines might be introduced in the same way.

Dr. W. T. Gairdner mentioned, that a patient in his wards in the hospital, had been injected the other day in the way recommended by Dr. Wood. The result was not decisive, as the complaint for which the man was under treatment, viz: lumbago, had been undergoing rapid amendment, and, indeed, the day after the operation, was nearly gone. The experiment, however, was attended with little suffering, and it was noted that some degree of giddiness was almost immediately produced. —*Monthly Jour. Med. Science.—Stethoscope.*

An account of the good effects derived from the External Employment of Tar Ointment, combined with Sulphur, in Cancerous Affections. By William Macdonald, M.D., Lecturer on the practice of physic; formerly lecturer on the theory of medicine in the Portland Street Medical School, Glasgow.—About twelve months ago, the late Mrs David Hogg, residing at No. 14 Sharp's lane, Glasgow, applied to me for directions relative to the restoration of her declining health. Her age was 61 years. Her left mamma was affected with cancer, and was in the third, or suppurative stage of that malignant disease. She complained of chronic cough, coupled with tension of the nerves of the forehead and occiput; and from the age of 45 years she had an indescribable feeling of being out of order, both in the chest and in the region of the mamma, which was now affected. Of late years this disorder was supposed to have been aggravated by the depressing effects of grief, brought on her by the sudden departure from this world of a near relative.

I recommended to her favourable consideration the immediate employment of an alterative course of Plummer's pills, coupled with the use of sarsaparilla, before an operation for the removal of the mamma was to have been performed. She cheerfully adopted the first portion of my advice—viz., the use of the alterative course aforesaid—but demurred at the operation, and it never was performed. After having received the benefit of the advice of my medical friends for several months, she again called, and solicited some directions in place of the operation—a measure to which she was very averse.

At this period of her illness the mamma was twice the usual size, and the ulcerative process was not diminished, and, what was worse, the axilla was affected also with a large cancerous tumour. Of course an operation was out of the question in these critical circumstances.

In consequence of the salutary effects produced in many chronic ulcers now under treatment by the employment of the common tar ointment of the London Pharmacopœia, with the addition only of washed sublimed sulphur, I have had no hesitation in making trial of its effects in

cases of cancer, similar to the case in question, and that with apparent success; accordingly the patient under consideration was ordered to apply the following ointment to the mamma every night at bed-time, and on every following morning to dust the nlcerous mamma with powdered chalk. The ointment is made as follows, viz: Take of tar, prepared suet, and washed sublimed sulphur, of each one ounce; melt them together in an earthen vessel, and express through linen.

This application was continued for four weeks, until the mamma became reduced to the natural size. A carrot poultice was then applied. The cancerous diseased structure, and its numerous roots, came away kindly along with the poultice; and the cure was finally accomplished by dusting the powdered chalk on the tender surface of the breast every third hour. At the end of seven weeks from the employment of the sulphur ointment and tar combined, as already stated, the mamma was completely well. Yet the cancerous tumour in the axilla remained; but the patient went about as usual, and for several months after this period in better health.

Several weeks ago Mrs H., was seized with febrile symptoms from some cause or other—the swollen cancerous gland of the axilla suppurated; general dropsy came on and her death took place a few days ago. From the sudden nature of the fatal attack and the severity of the febrile symptoms simple ointment alone was applied to the suppurating axilla, because the tar ointment combined with sulphur is stimulating in its action and is by necessary consequence only admissible in the chronic stage of the disorder, or in chronic ulcers generally.

There was no inspection of the body after death and it is therefore out of the question either to affirm or deny the presence or absence of internal cancer which obviously might end in producing the dropsy coupled with the other febrile symptoms which were observed before death, in this case.

Seeing the good effects of the tar ointment and sulphur externally in cancer, I have of late and by analogy been induced also to prescribe tar water internally exhibiting sulphur and supertartrate of potash internally also, and giving these remedies on alternate days in similar cancerous disorders and with marked benefit.

In these critical circumstances I have taken the liberty of soliciting in the meantime a measure of publicity to this case in the hope that other medical men might be enabled to benefit their patients on the same principles. Should this very desirable issue take place to suffering humanity under the ravages of cancer—one of the most dreadful and dangerous diseases (and in cases of it where operations are objected to), I shall be much gratified.—*Med. Circ.*

Pus in the Urine.—The presence of pus in the urine is of not unfrequent occurrence, and must generally be considered as a symptom of grave importance. The difficulties which so often attend the establishing of a correct diagnosis of its source, are too well known to the practitioner. And yet, without this, we can neither expect to render our patient any real service, nor ourselves any satisfaction.

I propose to offer a few practical suggestions, first, upon the general appearances which pus in the urine presents, and upon the means of detecting it: secondly, upon the means we possess of arriving at a knowledge of its source.

Urine which contains pus to any considerable amount, sufficient, for example, to form even a slight deposit, exhibits a certain degree of cloudiness, from the moment when it is passed. This fact will serve to distinguish it from urine containing urate of ammonia, a deposit of which resembles very much a deposit of pus. Urine containing urate of ammonia is generally bright and clear at the moment of micturition, and only becomes turbid on cooling. Purulent urine, after standing some time, throws down a deposit, the supernatant fluid being more or less clear according to circumstances, depending upon the length of time during which it has been left in repose, and upon the amount of pus present.

This deposit varies in its aspect. It may be uniform, of a pale yellowish-white color, of creamy consistence, a little shaggy on the surface, varying in thickness according to the amount, and easily diffused through the urine by slight agitation. This is the most common form of the purulent deposit, and if we submit it to a microscopic examination, we shall find an abundance of pus-corpuscles, with few or no other ingredients. The urine will be found to have an acid re-action.

Or, the deposit being of the same yellowish-white color, and the urine acid, we shall find it mixed with more or less mucus, rendering it slightly tenacious and somewhat slimy, and under the microscope we shall discover the pus-corpuscles adhering together.

Again, the deposit may be of a thick, viscid, ropy consistence, resembling what is termed glairy mucus—the urine being alkaline. This peculiar appearance is brought about by the decomposition of the pus, which acts upon the urine, rendering it alkaline, and this alkaline condition of the urine in turn re-acts upon the deposit, giving it the character just described. The same effect may be artificially produced by the addition of an alkali, liquor potassæ, for example to a purulent deposit. This decomposition of a purulent deposit takes place after it has been suffered to stand for some time. Recent observations have shown, that what has been considered as a deposit of glairy mucus, is but this decomposed pus, "and that mucus never assumes this particular form of a ropy sediment, which sinks to the bottom of the vessel; nor does it ever exist in the urine in such quantity as we frequently find this altered pus."—(Todd.)

I have remarked that purulent urine exhibited a certain degree of cloudiness from the moment of micturition, but this peculiarity, it must be remembered, may be also exhibited under other circumstances. Urine containing an excess of phosphates is not unfrequently cloudy when first passed, and even when clear at the time of micturition, after standing throws down a deposit much resembling one of pus. Yet, on closer examination, it will be found more flocculent and much lighter than pus, and of a whiter color. Phosphatic urine is almost always alkaline. The addition of an acid to phosphatic urine, instead of coagu-

lating it, as is the case with that containing pus, renders it clear. These are expeditious and reliable means of distinguishing the two.

A few words upon the coagulation which takes place in purulent urine on the application of heat and nitric acid. This coagulation is due to the albumen contained in the fluid, the *liquor puris*, in which the pus-corpuscles float, and the amount of coagulation is in direct proportion to the amount of pus present. This fact, viz., that purulent urine is always albuminous. should be borne in mind, since, no doubt, the coagulation produced by the re-agents just mentioned, when applied to urine containing pus, has too often led the inexperienced to suppose that the patient was necessarily suffering from Bright's disease.

Deposits of pus may be confounded with those of mucus—and yet with moderate care, they may be easily distinguished. In the first place, mucus rarely forms a layer or stratum at the bottom of the vessel, as does pus, neither is it easily diffusable through the fluid by agitation. Secondly, the urine containing mucus is alkaline, whereas purulent urine is almost always acid—or when it is alkaline, owing to decomposition, the purulent deposit exhibits the glairy appearance of mucus, and is under those circumstances most liable to be mistaken for it. In such a case, we must have recourse to acetic acid, in which mucus is soluble, and to the microscope, under which we shall not fail to find more or less epithelium, "and the so-called mucous particles, in small number, which doubtless are incipient pus-corpuscles." Thirdly, mucus does not contain albumen in a state to be coagulated by heat or nitric acid. If these simple facts are kept in mind, there need be scarcely any difficulty in distinguishing these deposits.

Pus being present in the urine, we are anxious to discover its source, a point in almost all cases attended with more or less difficulty, and in some perfectly impracticable. Pus may come from any portion of the mucous membrane of the genito-urinary organs—or it may come from some adjoining abscess which has opened into the urinary passages.

Pus from the kidneys may be the result of inflammation of the tubuli and pelvis of the kidney (pyelitis), of suppurative nephritis, and of other renal affections. Without going into detail upon the diagnostic symptoms of these affections, we can only remark that in a majority of cases the local symptoms are sufficiently well-marked, and point to the kidneys as the parts implicated—in many cases, moreover, our diagnosis being confirmed by the discovery under the microscope of "tubular casts" mixed with the purulent deposit. One very essential point must be remembered, viz., that the urine flows from the kidneys into the bladder acid, therefore if the urine which contains pus is found to have an acid re-action, particularly after long standing, we may be quite sure that the morbid admixture comes from the kidneys, particularly if we have the symptoms of renal disease present, or else from some abscess external to the urinary apparatus.

Pus from the bladder is almost always the result of inflammation of its lining membrane, which, however, under such conditions, pours out a vitiated mucous secretion, which seems to bring about a speedy decomposition of the urine—and certain changes in the purulent deposit, such

as I have already described. The urine enters the bladder from the kidney, acid, and becomes mixed with the secretions of the inflamed membrane; if these are not very abundant, the acid re-action continues even after micturition, but on standing a short time decomposition takes place, and the re-action is alkaline. This change may take place within the bladder, as is well known in cases of paraplegia from injured spine, or where there is any mechanical obstruction to the free discharge of the urine

Hence we may establish, as a general rule, that, when we find urine containing pus to be alkaline and to deposit ropy mucus, the bladder is the source; whereas pus in urine which has continued acid for many hours after standing, has come either from the kidneys or ureters, or from an abscess external to the urinary organs—a purulent discharge from the urethral canal being in most cases easily recognised.

The bursting of an abscess through the walls of the bladder, or into any other portion of the genito-urinary system, may be recognised by the sudden appearance of the matter in the urine, and by the history of the case.—Boston Med. and Sur. Journal.

GERMAN.

Stoney Concretions in the Lungs.—Professor Forget, of Strasbourg, publishes a few cases of this singular affection; some of which terminated in the patient's recovery, in so called *Phthisis Calculosa.*

The inhalation of calcareous, sandy, metallic substances, &c., producing this Phthisis Calculosa, has been noticed by several writers and observers; but F. alludes to an entirely different condition, which the following cases will best illustrate:—

A colleague, of a seemingly strong constitution, but spare body, and nervous temperament, had for several months suffered from a severe, dry, distressing cough—following exposure to cold. He had frequent spittings of blood, and soon became waste and emaciated. The tone of voice, dullness and mucous *rales* in the subclavicular region, hectic fever, and so forth, led F. to believe that the patient was laboring under pulmonary phthisis. The symptoms continued to become aggravated, until one day F. received a letter from his friend containing two concretions which he had a short time previously expectorated; they were osseous, of the size and form of the small bones of the ear. From that moment the cough, expectoration, and fever disappeared; strength returned, and thus continued the recovery, that after more than seven years, no trace of a chest affection can be detected in the now strong and robust colleague.

A girl of six-and-twenty, after long coughing, presented all the signs of the second stage of tubercle of the lungs. One night, after severe coughing, she expectorated a stone of an irregular form, about the size of a pea, and of the consistence of ivory. From that time the condition of the patient rapidly improved. The recovery could not be said to be complete when the person, pleased with her improvement, left the hospital.

A seamstress, æt 22, was admitted into hospital for Pleurodynia; a few days after she was seized with Variola, under which she succumbed. At the autopsy the lungs appeared *perfectly sound;* in the centre of the upper valve of the right, surrounded by perfectly healthy tissue, was found an osteoid formation, which weighed twenty centi-grammes.

From the observation of those three well-marked cases, the writer draws the following conclusions:---1. There are Stony concretions of the Lungs [*Lungen Stein*] which are primitive, *sui generis*, independent of tubercles, inhaled substances, &c. 2. These stones can be either solitary, or in very few numbers, distributed throughout the Lungs. 3. They can, occasionally, remain for a time latent in the Lung. 4. They occasion, or give rise to, symptoms resembling Phthisis Tuberculosa. 5. The Phthisis Calculosa Primitiva may be radically cured by expulsion of the stone, when solitary, or in few numbers. 6. The Phthisis Calculosa is, therefore, distinct from Phthisis Tuberculosa, and, as well by its anatomical character, as by its termination, is an entirely different disease.---*Mediz Nenigk.*

Leucorrhœa often a protection.—In "der Monatsschrift fur Geburtskunde und Franen krankheiten," Dr Helfft, for the better understanding of uterine affections, observes:—"That when after cessation of catamenia leucorrhœa makes its appearance, it is not to be considered, as it generally is, a formidable affection of the uterus, and be treated as such; for far otherwise, he looks upon its discharge as exerting a protective influence against disturbance of the uterine system during the menstrual period. This vicarious secretion should in no manner be checked; except when a too copious discharge, of an offensive odour, and severe pain in the back, cause us to suspect ulceration of the cervix; in which case ocular inspection is necessary and warrantable. In ordinary cases diligent ablutions in warm water should be used, but injections under all circumstances are objectionable.—*Ibid.*

Secale Cornutum in Chronic Gonorrhœa.—Lazowski, observing the good resulting from the use of ergot in Paralysis of Bladder, was led to its employment in chronic gonorrhœa. He soon had an opportunity of trying it in a number of very intractable cases of gonorrhœa of long standing, with such results as to warrant his warmest recommendation. The manner in which he uses it is as follows:—

Secale cornut (recester pulverisat) 4 grammes
Croci martis . . 5½ do
Vaniglice et Camphor, trit aa 25 centigrammes
M Divide in doses æquales No. 20
Signa, one morning and evening

In chronic gonorrhœa in females it has been found of great service. The cure is generally effected in about 15 days (between 10 and 15.)—*Ibid.*

FRENCH.

De l'huile de Bouleau, comme moyens Curatif de L'eczema Chronique, par le docteur Blasius (de Halle.)—L'huile empyreumatique du betula alba employée sous le nom d'oleum rusci, a été recommandée par Heim contre le psoriasis. Suivant M. Blasius, son action dans l'eczéma chronique est bien plus efficace ; il s'en sert depuis quinze ans, et il en a toujours obtenu d'excellents résultats. Il lui serait facile, dit-il, de produire un nombre considérable de faits à l'appui de cette assertion, mais il trouve plus utile de tracer les règles de son emploi. Aussi longtemps que l'eczéma est à l'état aigu, il convient de se borner aux adoucissants. Mais dès que l'affection est devenu chronique, il faut frictionner les parties malades avec de l'huile pure, les envelopper d'un linge de toile, et, au bout de quelques jours, les laver dans de l'eau de savon, pour recommencer ensuite de nouvelles frictions huileuses. On continue ainsi, non-seulement jusqu'à ce qu'il ne se produise plus de vésicules et que tout suintement ait cessé, mais même jusqu'à ce que la peau ait repris sa couleur et son aspect normal. On peut employer ce médicament, soit dans les cas où la peau est sans cesse humectée par la sérosité qui s'échappe des parties affectées, soit, au contraire, quand la peau est sèche et couverte de croutes épaisses. Seulement, lorsque l'eczéma produit une douleur cuisante, une plus grande sensation de chaleur, de la tuméfaction et une rougeur plus vive, ce qui annonce un retour à l'état aigu, on interrompt pendant un jour ou de l'huile de bouleau. Parmi les remèdes internes, l'auteur signale, comme les plus efficaces, le sulfure de chaux stibié (calcaria stibiato-sulphurata,) l'anthrakokali et le sulfure d'or. Il recommande de se procurer de bonne huile empyreumatique et d'éviter un mélange de goudre ou et d'huile empyreumatique (oleum animale fœtisdum) que les droguistes délivrent quelquefois au lieu d'huile de bouleau. La véritable huile de bouleau (oleum rusci) est connue dans le commerce sous le nom de dagged, et est apportée par des juifs de la Pologne ou de la Russie.—(Deutshe Klinik Gaz. méd. de Paris.)

Brulure Traitee par le Collodion, par M. le docteur Goste.—Nous fumes appelé, le 3 aout dernier, pour voir un petit garçon d'environ huit mois, gras, frais bien portant, à qui sa bonne venait de laisser tomber sur le corps une tasse de lait presque bouilant. Ce liquide avait été répandu sur le thorax, l'abdomen et les cuisses.

Il y avait environ une heure de l'accident, lorsque j'arrivai près de l'enfant. Ses cris étaient incessants et accusaient la plus vive douleur. Il ne pouvait tenir en place, et la roideur presque convulsive de ces membres, le tremblement de sa mâchoire, faisaient craindre un état encore plus grave.

Des phlyctènes existaient à la base de la poitrine, sur le bas-ventre sur la verge, le scrotum, la fesse et la cuisse droite dans une grande étendue. En attendant qu'on apportât le mélange que j'avais demandé de 30 grammes de collodion et de 6 grammes d'huile de ricin, j'évacuai avec soin la sérosité de phlyctènes et des vésicules, par des petites picures avec une aiguille déliée, et j'appliquai des compresses froides sur les parties atteintes.

Vaine ressource: l'enfant continuait à crier et à s'agiter. Bientôt on apporte le collodion: je l'étends à l'instant même avec le bouchon du flacon à large ouverture qui le contenait, sur toutes les parties brulées, et, bien que l'enfant ne cessât de crier; à messure que j'appliquais le remède, il semblait de moment en moment redoubler ses cris. L'épiderme avait été enlevé de la plus large phlyctène auprès de l'ombilie, il en résulta une douleur plus atroce de l'application du remède. Je recouvris toutes les parties où était étendu le collodion, de coton en rame qui adhéra parfaitement bien, et la peau se trouvait ainsi à l'abri du contact de l'air et des corps étrangers.

Deux ou trois minutes s'étaient à peine écoulées, que l'enfant commençait à se consoler; mais la douleur semblait revenir par accès.

L'étendue de ces brulures, dont une partie atteignait le troisième dégrè, l'irritabilité de l'enfant, son embonpoint, et l'injection capillaire de sa peau, me faisait craindre quelque accident. Je retournai le voir quatre heures après, et je fus agréablement surpris de le trouver gai et jouant sur les bras de sa bonne. Après deux ou trois jours, le coton se détacha des parties les moins atteintes, et le point de l'abdomen où je redoutais, une longue suppuration, n'en donna pas du tout; seulement, là, le coton ne tomba que plusieurs jours après.

On ne peut se faire une idée de la promptitude et de l'excellent effet du collodion dans la brulure. Nous ne saurions trop recommander ce moyen.—(Journ. de méd. de Bordeaux.)

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

REGISTRATION OF THE CAUSES OF DEATH.

The importance to a public community of a correct registration of the causes of every death occurring in their midst, cannot be too highly estimated. In England and Wales, where such registration has for many years been carried into successful operation, it is now admitted, that the information derived from this part of the Registrar General's returns, has materially forwarded the science of medicine, as well the interests of the public generally. It is sufficiently obvious that an exact return of the causes of death, taken in connection with the age, sex, profession or calling, and residence of the deceased, must throw a flood of light on the vital statistics of a country, exhibiting as it does, the prevalence of fatal diseases in various localities—the ages at which persons are most obnoxious to certain maladies—and the affections most

fatal to the different trades and professions. By analyzing accumulated knowledge of this kind, moreover, the medical statist becomes acquainted with the diseases endemic to the country, and, by employing his knowledge of the physical geography of localities, he may approximately determine the value of physical causes in their origination; he is enabled, also, to arrive at comparatively correct conclusions regarding the relative prevalence and mortality of the same disease at different places; and he can with facility trace the course and effects of epidemics. The politician and public hygeist find it equally serves their purposes. Legislative enactments, of great importance, have been framed and adopted by the Parliament of Great Britain, solely to obviate evils exposed by the columns in the Registrar's Report containing the causes of death. Hygiene and medical police have received an impetus and certainty of direction in England, which it would have been impossible for them to have experienced before the amendment act of Registration of 1 Vict., cap. 22, became law.

In volume 1 of the Census Report of the Canadas for 1851-2, we are told by Mr. Hutton that the whole of the causes of death have been taken in both provinces. The worthy Secretary of the Board of Registration and Statistics has not informed us for how long they have been registered. We know of no law, at present in force, making such registration obligatory; and unless systematic, general and uniform entries have been made throughout the Province, the returns are perfectly valueless, and cannot by any possibility further important ends. To make registration of the causes of death worthy the attention of the philosophic physician and public hygeist—to make it benefit alike the science of medicine and public hygiene, there is wanting, in the first place, *a law* which shall insist on the causes of every death occurring within the Province being duly recorded, and which shall provide for the proper enregistering of the same. Secondly, *a definite statistical nosology*, printed copies of which should be sent to every physician, coroner, and clergyman in the Province. Thirdly, *regular monthly returns*, from the various registers, should be forwarded to the Central Board of Registration.

The necessity for the second recommendation, if correct and uniform returns be desiderated, is aptly illustrated by the bills of mortality for the city of Montreal, which are being published weekly in our public prints. Early last Spring we interested ourselves very much to obtain for the public, returns of the number of deaths occurring in the city with the fatal diseases. We called on the Mayor, and on one of the most active of the members of the Health Committee, both of them

agreed with us in our view of the importance of such returns, and promised to get the Corporation, if possible, to take action in the matter. We waited patiently for the appearance of these reports, and at length our eyes were gratified by the publication of the first weekly "Bill of Mortality." A mere glance sufficed to satisfy us, that, as faithful returns of the diseases fatal to our fellow citizens, they were nothing more or less than a perfect farce. Anxious as we were to give them place in our pages, they were so glaringly imperfect, we concluded that we could not spare room for such utterly useless matter. Three of these "Weekly Bills" are now lying before us, and our readers will duly appreciate their character, from the following analysis in part. We may mention, that these three have been selected indiscriminately, that, in fact, *ex uno omnes disce.* During three weeks there occurred 167 deaths in the city of Montreal. Of these, 31 are reported as having died of INFANTILE DEBILITY. Could anything be more vague or uncertain than this? With few exceptions, diseases of children might be said to terminate in infantile debility. Fifteen are said to have died of *Fever.* What kind of Fever we would ask? Intermittent Fever—Remittent Fever—Common continued Fever—Relapsing Fever—Typhoid Fever or Typhus Fever? Four were cut off by *Inflammation.* Inflammation of what part? Five died of *Disease of the Heart.* Hope, one of the greatest authorities on Diseases of the heart, treats of these affections under twenty different heads. Fourteen children are reported as having died of *teething.* Now, although many children die during the process of teething, it is commonly from the supervention of secondary affections of the mucous membranes, and the nervous system. We might extend our remarks, but we have said enough to shew that returns on this system, or rather *no* system, are not worthy of space in a scientific journal. Our readers will not blame us, therefore, if we object to publish the "Bills of Mortality for the city of Montreal." We live in hope, however, that at some future period, not far distant, a correct and effective registration of the causes of death will be adopted throughout the Province, and, we have no doubt, from what we have heard of Mr. Hutton, that he would cheerfully carry it out.

Since writing the above, vol 2 of the Census Report has come to hand, from which we glean that the causes of death were taken by the Enumerators; these gentlemen having received their information in each case from friends of the deceased. As might be expected, the report is a very imperfect and worthless one. Notwithstanding the opinion of the Secretary to the contrary, there is not, in our opinion, one feature of interest in the returns—nor can one reliable deduction be drawn from

them. The time of the enumerators, the expenses of printing &c., have been, we consider, virtually thrown away. The total number of deaths enumerated in Upper Canada were 7775, in 5836 of which the causes of death were specified, whilst in the remaining 1939 they were not specified. In Lower Canada 11674 deaths were recorded, 6500 of which had the causes of death specified, and 5174 had not. Among those recorded we find 126 to have died of INFANCY! 258 of *teething;* 460 of *Inflammation*; 4 of INTERNAL SPRAIN; 14 of *Black Fever;* 80 of *Liver Complaint*; 55 of *Jaundice;* 28 of *Bowel Complaint;* 6 of *Internal Rupture;* and 12 of *Canker Rash.* What dependence can be placed on such returns?

THE UNITED AFRICAN TWINS.

It was our intention to have written a description of these interesting little strangers who were so lately among us, but having ascertained that a similar communication was prepared for the August number of the *Chronicle* by a well known *dilettante*, we preferred the account should come from his abler hands. It will be illustrated by 4 figures transferred to wood by an excellent artist from daguerrean likenesses.

Without, however, anticipating our friend, we may remark that the United African Twins present exactly the same example of diplogenesis that was observed nearly a century and a half ago in two children born in Hungary, who were also females, and were familiarly known as the Hungarian Sisters, Judith and Helen, their description is given by Buffon, and reads as follows:—"These young women were entirely separated from each other, except the anus,* which was common to both, from which circumstance they simultaneously experienced the same desire of relieving nature; but in other respects, as in size, in temper, and in health, they differed, and, unfortunately, frequently quarrelled with each other. When in her 22nd year, Judith fell ill of fever, became lethargic, and died. Poor Helen was obliged to submit to her unhappy destiny; three minutes previous to the death of Judith she suddenly fell *in articulo mortis*, and expired nearly at the same moment. These twin sisters were born at a place called Tzoni, in Hungary, on the 16th October, 1701, and died in a Convent at St Petersburg, on the 23d February, 1723." A post mortem examination was held, at which the only peculiarity, beyond that known during life to have existed, was

*They must also, like the African twins have had an inseparable union, by the fusion of the false vertebræ of each, so that between the two there was only a single back bone in common.

that the two had but one circulation between them; that the blood of each flowed into the other; for the great vessels of the abdomen were continuous in the two bodies; and were united at the loins. This latter fact has a remarkable bearing upon the theory of menstruation; although with but one circulation, the uterine functions were, nevertheless, distinct in both; menstruation differed in its period, and also in the quantity of the discharge.

Lectures on Botany.—Our readers will perceive upon reference to our advertising pages, that arrangements are being made for the delivery of a course of lectures on Botany, which will be commenced about the 20th of next August. From the Prospectus shortly to be published it will be seen that they are to be of a very attractive character, embracing the principal facts connected with Vegetable Anatomy and Physiology.—We believe no exertions have been spared to render the course as useful and entertaining as it is possible to make it.—And from our acquaintance with the industry and talents of the gentleman, by whom the lectures are to be given, we feel certain that these objects will be attained, and in a manner that cannot but be highly satisfactory to his audience generally. Such students as may be in town during the time appointed, we would recommend to avail themselves of the opportunity thus presented.—By doing so, they will upon going to Great Britain, be enabled to present themselves, upon arrival, for examination before any of the licensing boards, without being remanded for further study—for the study of Botany. We believe also, that the College of Physicians and Surgeons, C. E., requires students to attend a course of Botany when it is obtainable; after this no plea can be offered for any deficiency upon this branch of Medical Science which its devotees concur in pronouncing to be both very delightful and highly instructive.

Quarantine Efficiency.—We understand that it is under the consideration of Government to send a gentleman to visit, and report upon, the Quarantine system in operation in the Northern and Eastern States of America. The information acquired to be applied to the improvement of the Grosse Isle establishment, which has now become publicly notorious for its practical inutility. We are glad to find the authorities determined to do what they can to remedy the deficiency, and hope they will observe some discrimination in the selection of a proper person

on this occasion, and at least appoint the right man in the right place. *On dit* has it that Dr. Marsden, of Quebec, has been urged to accept the Commission. We know that a memorial was presented to the Government signed by the leading members of the profession in the Eastern Province, who, aware of Dr. M.'s fitness, and confident in his impartiality, had much pleasure in strongly recommending him for the office. We cannot see how so distinguished a mark of superiority can be slighted, and we trust before long we shall hear of Dr. M.'s actual appointment.

Montreal, June 22nd, 1855.

Messrs. the Editors of the Medical Chronicle,

Gentlemen,—Will you oblige us with an answer to the following question, for the information and guidance of Dispensing Chemits generally?

"When *Solut. Morph. Mur.* is ordered in a prescription without any particular formula being indicated, which should be used?"

Hitherto, when convenient, we have asked of the prescriber what he intended, but it is sometimes impossible to do this.

We are, Gentlemen
Your obedient servants,
ALFRED SAVAGE & Co.

[The Solution of the Edinb. Pharmacopoeia. EDS. MED. CHRON.]

TO CORRESPONDENTS.

Dr. M. Barrett.—If Dr. B. will turn to the document referred to, he will there find the explanation of the statement in question, and which from being in his own possession, rendered a letter of enquiry from him uncalled for. We are happy to hear of the additions, and hope shortly to have an opportunity of giving them publicity.

OBITUARY.

"At Lancaster, on 10th inst., at his father's residence, Dr. C. J. F. Robinson, of Papineauville, North Nation, only son of Wm. Robinson, Esq., Collector of Customs, aged 29 years, 7 months and 12 days, leaving a disconsolate father and mother and two dear sisters to lament his premature end. His remains were conveyed to Coteau du Lac on the 12th, and on the following day interred in the body of the Parish Church at that place, after the performance of the usual Divine ceremonies, by the Rev. Mr. McDonogh, of Williamstown, Glengarry. He died of consumption, having contracted the disease in the practice of his profession during last winter, and had only arrived at his father's residence three weeks previous to his demise. He bore his disease with Christian fortitude, and resigned his fate into the hands of his Maker without a struggle or lament. An example of humanity, regretted by a large circle of friends, and all who had the pleasure of his acquaintance and benevolent disposition."

QUHRTERLY REPORT OF THE MONTREAL GENERAL HOSPITAL ENDING 22ND APRIL, 1855.

Patients remaining from last Quarter	62	Died during Quarter	19
Admitted present Quarter	182	Remaining in Hospital	79
		Discharged	62
Total	244	Total	267
IN-DOOR PATIENTS.		OUT-DOOR PATIENTS.	
Males	94	Males	343
Females	88	Females	373
Total	184	Total	716

Diseases, &c.	Admit.	Died.	Diseases, &c.	Admit.	Died.
Abscessus	1		Incontinentia Urinæ	1	
Ambustio	1		Inebritas	1	
Amenorrhœa	2		Meningitis Tuberc.	1	1
Anasarca	1		Morbus Cordis	5	2
Apoplexia	1	1	" Coxœ	1	
Arthritis	1		Ophthalmia	8	
Ascites	2		Otitis	1	
Asthma	1		Otorrhœa	1	
Bronchitis	6	1	Paronychia	2	
Catharrhus	2		Phthisis	7	4
Constipatio	1		Pleuritis	1	
Delirium Tremens	3		Pleurodynia	1	
Diarrhœa	3		Prolapsus, ani	1	
Dysmenorrhœa	1		Purpura	1	
Dyspepsia	2		Rheumatismus	26	
Erysipelas	6		Rubeola	2	
Febris Com. Cont.	23		Rupia Syphilitica	1	
" Intermit.	5		Scarletina	1	
" Remit.	1		Scrofula	2	1
" Typhoid	1		Sphacelus	1	
Fistula in Perineo	1		Sycosis Menti	1	
Fistula Lachrymalis	1		Synovitis	5	
Fractura	8	1	Syphilis	2	
Gelatio	7		Tinea Capitis	1	
Hæmoptysis	1		Tumor	1	
Hemiplegia	2		" Ovarii	1	
Herpes	1		Ulcus	11	
Hysteria	1		Varicocele	1	
Impetigo	1		Variola	4	
Inanitio	1		Vulnus	2	

DR. SCOTT and HOWARD,
Attending Physicians.

ROBERT CRAIK, M. D.,
House Physician and Surgeon.

BOOKS RECEIVED FOR REVIEW.

Ashton, on Diseases of the Rectum. London: John Churchill. From the Author.

Gross on the Urinary Organs. Second Edition, revised and much enlarged.

Ashwell on Diseases of Women. Third American, from third and revised London Edition.

Tyler Smith on Leucorrhœa. From Messrs. Blanchard and Lea Philadelphia.

Gibb on the Pathology of Saccharine Assimilation. From the Author.

Purple on Statistics of Injuries of the Heart. From the Author.

MEDICAL NEWS.

Sir John Liddle has been appointed Director General of the Navy Medical Department,—Sir Wm. Burnett has been granted a pension of £1,000 per annum, and the Lords of the Treasury in granting it, also conveyed their "high sense of his long, faithful and distinguished services."—Dr. John Cooper, of Glasgow, died suddenly, May 11th. He had been the Senior Surgeon of the Glasgow Royal Infirmary, and since the year 1833, was Regius Professor of Materia Medica in the University of Glasgow. He died at the age of 60.—During the past winter 18,200 students and matriculated in the 28 Universities of Germany, of these 2,711 were strangers.—Prof. Horace Greene, has resigned his chair of Theory Practice of Medicine in the New York Medical College, and Dr. H. G. Cox, is elected his successor.—Dr. James Bryan has succeeded to the chair of Surgery in the Philadelphia Medical College.—Crosby Street Medical College is to be moved into a new building, expected cost of which computed at $80,000. It will have a commanding position at the junction of two great thoroughfares, and be in the immediate vicinity of Bellevue Hospital, and be another ornament to New York.—The chairs of Physiology and Pthology, and of Materia Medica and Theraphutics are now vacant in Rush Medical College, applications are to be made to Dr. Brainard, President at Chicago.—The Legislature of Michigan recently recommended to the Regents of the University, the appointment of an Homœopathist as a teacher, but the matter has been dropped, as the Faculty properly stated they would in that event resign in a body.—In 1849, the rates of mortality were in New York 1 to 21.9; Philadelphia 1 to 42.3; Baltimore 1 to 36.5; Boston 1 to 36.2.—Two American Surgeons in the Russian Service have lately died in the Crimea, one Dr. Isaac Draper, junr, at Sebastopol, the other Dr. C. S. King, at Kertch.—Five Surgeons of the French Crimean Army have received the cross of the Legion of Honor.—Typhus has carried off 3 Surgeons of the First French Division before Sebastopol, and 2 others who were severely attacked are fast recovering.—In one week (3rd in May of this year,) there died in London 1,143 persons; of these 159 were from Consumption, of whom 27 were less than 20 years old, 77 between 20 and 40 years, 44 were 40 and 60, and 11 were above that age and under 80.—11 cases of confluent Small Pox were fatal between the 13th and 19th May at the Small Pox Hospital, London.—A large number of the Medical Department of British Army have received "Crimean Medals," a few of the Surgeons and Assistants of the Royal Navy have also been similarly honored.—A company of medical students and others in St. Louis, recently exhumed the body of a person who had died of small pox and dissected it. 20 of those engaged in the affair are now suffering from the disease caught from the corpse in the most virulent form.—The French Hospital at Therapia being in want of dressers, nurses, and assistant surgeons, the Sultan has placed 29 pupils of the Turkish Medical School at the disposition of the French Medical officers.—During the 12 years of its operation, the state Lunatic Asylum has conferred its benefits on 4,313 patients, of these 1,789 have been discharged recovered, and at the close of the last year 450 remained.—During the year 1854, no fewer than 73,697 persons died in London, out of a population of 2 million and a half.—The inner bark of the Eucalyptus commonly called stringy bark, a native of Australia is said to be peculiarly adapted for Surgeon's splints.

THE

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ORIGINAL COMMUNICATIONS.

VIII.—*The United African Twins.* By W. MARSDEN, M.D., Governor College Physicians and Surgeons, Lower Canada, &c.

The subjects of the following paper "Christina and Milley" are natives of Africa, and as nearly as can be gathered from their unconnected history, will be six years old in September next. When only one year of age they were dragged away by the slave dealer, together with both their parents, and three brothers and two sisters, and sold. Dr. MacGinlay of North Carolina, who was travelling in the Island of Cuba, in search of health, purchased them as natural curiosities, which they truly are, and removed them to the United States of America. His death, which took place the following year, deprived them of a kind friend and master, when they were sold with the other *goods* and *effects* of his estate.

The purchaser who paid £100 for them, with the design of exhibition, removed them to Philadelphia,—and Pensylvania being a "free state" and the little negroes not being "runaway slaves," the government, by a judgment of the court, declared them free; and appointed Messrs Millar and Thomson as their guardians. By an arrangement with the law authorities, Professor Millar is to pay annually to the state for five years to come, a certain sum of money, out of the profits of their exhibition, which is to be applied to the purchase of the freedom of their parents and family, to whom they will be reunited when manumitted.

The last number of the *Medical Chronicle* contains an interesting editorial article touching these twins, to which I beg to call attention, and alludes to the case of the Hungarian sisters, Judith and Helen, described by Buffon, in these terms:—"These young women were entirely separated from each other except by the anus, which was common to both, from which circumstance they simultaneously experienced the same desire to relieve nature; but in other respects, as in size, in tem-

per, and in health, they differed, and, unfortunately, frequently quarrelled with each other."

The similarity between the African United Twins, and the Hungarian, is perfect in this much of the description, but, not in the remainder.

Whether considered as anatomical and physiological or pathological, subjects, they are intensely interesting in their character. Their osseous union or fusion is confined to the sacrum and coccyx, which can be distinctly traced on handling. There is a common anus, from which they invariably feel the desire to relieve nature simultaneously. The vagina is imperforate or more properly speaking there is no vaginal aperture or cavity. The vulva or labia majora are very small, and the nymphæ and clitor are wanting, but in their stead are in each child between the mous veneris and the meatus urinarius a few small granular bodies. The urethræ terminate close to each other, having merely a thin membraous septum between them, which is so indistinct *in situ* as to look like a common meatus urinarius as represented in Fig. 3, a., but when dilated as in Fig. 4, b.b., they are distinctly visible. The bladders and urethræ are quite distinct and separate; and the act of micturition is performed by each child separately and at will. So perfect and distinct is the separation, that sensation is not evinced by one child where the catheter is introduced into the urethra of the other although they are in immediate contact, and *vice versa,* yet each one shrinks from its introduction in its own case.

The circulation is evidently distinct, and double, as the pulsation is not always synchronous.

The union as will be seen in plate 1, is not directly back to back; as the left dorsum of the illium of Milley, the smaller child, is in proximity with the right corresponding portion of bone in Christina, the larger but least active child; and the left posterior spinous process of the ilium of the same child is in juxt a position with the right corresponding portion of the other but not united. Thus although progression is easy forwards and backwards, i.e., the one walking backwards as the other walks forwards, as represented in plate 1 fig. 2, (and Milley being the most active child, usually leads when walking in that way,) they can both walk with great ease forwards, or side by side, (Milley being always on the right of her sister) as represented in plate, 1 fig. 1

This is also the posture in which they invariably lie and sleep, on which account their heads have attained a peculiar angular shape, (like a child nursed on one breast), the apex or projection in Milley being on the left, and in Christina the right side of the *os frontis*, both heads being flattened behind. There is also considerable lateral curvature of the

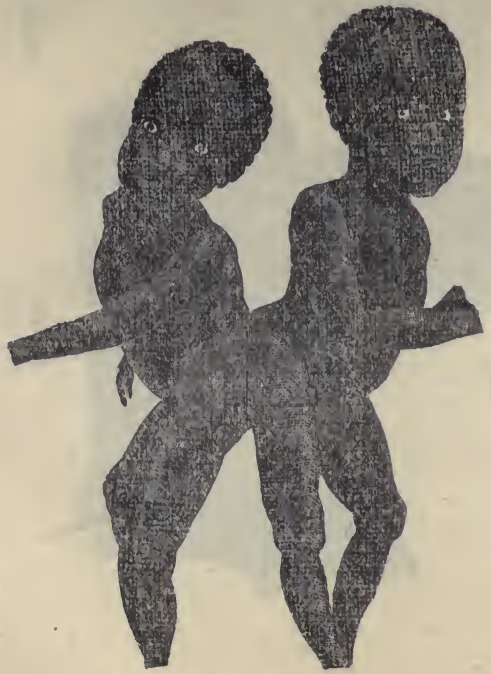

Fig. 1.

Fig. 2.

FIG. 3.

Leggo, Sculp.

FIG. 4.

spine to the left side in Milley, in consequence of her constant efforts to lead her more passive but heavier and stronger companion.

This case of diplogesesis is evidently inseparable, and although they may not die at the same moment of time, as did the Hungarian Sisters, within three minutes of each other, yet the death of the one, must necessarily involve the destruction of the other, within a comparatively short period.

Quebec, 25th July, 1855.

EXPLANATION OF THE PLATES.

Plate 1 fig. 1, Represents the United Twins, front view
" " 2, The same, back view
Plate 2 fig, 3, The pubic and perineal region, with the parts *in situ*
a The anus
b The meatus urinarius
c c Mons veueris
d A fossa or pit formed by the junction of the soft parts
Plate 2 fig. 4, The same with the labia pudeuda dilated
a The anus
b b The meati urinarii

VIII.—*Sequel of a case of Aortic Aneurism and Diseased Heart*, which formed the subject of a lecture published in the July number of the *Medical Chronicle*—with Observations. By R. P. Howard, M.D., Physician to Montreal General Hospital, Professor Medical Jurisprudence, McGill College, &c. &c.

During Stuart's stay in the hospital he had an attack of acute pericarditis attended with much pain and a distinct double friction sound, which however yielded to gentle mercurialization and blistering, and he was finally discharged in April at his own request, feeling much relieved, though still an invalid. In the summer following he performed as formerly his duties, which were of a nature not involving much exertion; his breathing was tolerably easy, so that morning and evening he walked without much inconvenience a distance of three-fourths of a mile to and from his place of employment. A record of the 2nd Nov., 1853, states that "Stuart called to say that he had for some time back suffered much pain in left mammary and lateral regions, and back of left shoulder; there is a prominence of the chest to left of sternum between second and fourth rib which is very tender, pulsates synchronously with the arteries and seems to expand under the hand; but further examination deferred for the present." A month later the pain continuing to be

" very severe in the mammary region, and frequently extending to the back of the shoulder about the base of the scapula, and occasionally shooting down the left arm to the elbow," I visited him at his lodgings and carefully examined him :—The following is a summary of his state then : " visible pulsation of arteries of right side of neck and corresponding upper extremity, and very slightly of those of left arm ; force of pulsation very much greater in vessels of right than of left side ; peculiar thrill in right subclavian ; mammary veins rather larger than is usual, external jugulars not distended, no œdema of chest or upper extremities. A circumscribed prominence of chest about one inch on left of sternum between second and third intercostal spaces, having a diameter of about two inches, and the seat of a visible and tangible pulsation synchronous with that of the arteries; it feels as if it expanded under the hand which it elevates rather forcibly, but no thrill is felt in it. Greater roundness and fulness of right side of chest at level of nipple than of left, which is very perceptibly flattened, especially in the infra-scapular and lateral regions. Slight curvature of upper dorsal spine to left. Visible and tangible pulsation 2½ inches to left of and about same distance below left nipple ; also in the epigastrum near xyphoid cartilage and in the 4th left intercostal space, but much less forcible in all these situations than over the prominence. Percussion note clear generally on both sides of chest (but a shade less so on left than on right side) save over a space limited vertically by lower border of 2nd and upper border of 7th left ribs, and transversely by right edge of sternum and a point half an inch inside of left nipple. Percussion clearness exists in upper sternal region and on right side of chest as far as 6th space, not so low on left.

At usual situation of apex cardiac sounds are free of murmur, but at base they are lost in a loud systolic and diastolic soufflet, which is loudest at 3rd left cartilage, next at the 3rd right, and is not traceable up side of neck. A loud but seemingly deep seated double murmur is also audible over the point of pulsation mentioned above as seated in the 6th space about 2½ inches below and to left of nipple, and it grows feebler as we approach the nipple or its vertical line 2 inches lower down. Patient has not been able to lie on right side since discharged from hospital, that posture impeding his breathing." This examination was re-repeated and confirmed about eight days later in conjunction with my friends Drs Holmes and Crawford, whom I requested to see the case as one of interest.

During the winter and summer of 1854, I rarely saw Stuart until the month of November of that year, when he re-entered the hospital ; and in a few days had an attack of hœmoptysis, the blood having an arterial

appearance and amounting to fully a pint-and-a-half, which was brought off very quickly. He suffered much from cough, lost flesh, became very weak, and sank gradually but uniformly; his voice was reduced to a whisper, he wandered occasionally, spoke very seldom, and was regardless of external things, and in this state he remained until the spark of life went out on the 9th Feb., 1855. I am informed, that for some time before his death no pulsation could be felt in the left carotid or radial arteries. There had been no return of the hæmorrhage.

Sectio Cadaveris a few hours after death—weather very cold. On carefully raising the sternum, a large tumor was exposed, situated between the base of the heart and the aorta, and considerably overlapped by the left lung, which was bound to it by pleuritic adhesion. Upper lobe of both lungs the seat of numerous crude and softening tubercles and small cavities. Complete adhesion of opposed surfaces of pericardium of long standing. Eccentric hypertrophy of the heart; walls of left ventricle much thicker, and its capacity greater than natural. Mitral valve healthy. Aortic segments thickened, and one of them the seat of cretaceous deposit. Aortic orifice not dilated. Right ventricular walls also increased in thickness.

A globular aneurismal tumor, about the size of a very large orange, springs from the under-surface of the aortic arch and is formed partly by dilated coats of the vessels, and small portion of the 2nd rib in a state of caries (?) but chiefly by the thickened and condensed thoracic fascia and adjacent cellular tissue and pleural membrane: the left lung is much compressed by it. On laying open the tumour and removing a large mass of fibrin which seemed to fill it, and which had a stratiform and concentric arrangement, the sac was found to communicate with the aorta through a large elliptical opening, having a long diameter of 2 inches and a short one of 1¼ inch, and well defined and tolerably regular edges somewhat studded with calcareous matter. It was lined by a smooth membrane continuous with the internal coat of the artery. The communication was situated in the concavity of the arch, rather anterior, and opposite the origin of arteria innominata. The entire arch of the aorta from the sinuses, to where it becomes "descending" was dilated to at least three times its usual calibre; its coats were rigid and inelastic, and were upon the inner surface almost universally covered with large cretaceous plates, the edges of some of which projected into the cavity of the vessel. The interior of the vessel was very rough immediately above the semi-lunar valves. About an inch to the left of the above aneurismal opening, there was another about the size of a half-crown, circular, with defined but rather rough edges, occupying the under surface also of the arch, and

opening into a second aneurismal cavity, formed in a great measure by the substance of the left lung. On opening this tumor it was observed to contain a coagulum of fibrin the size of a hen's egg, and lined for about three-fourths of its extent by a membrane continuous with that lining the aorta; the remaining fourth of the sac was formed of pulmonary substance, condensed, but not smooth, and having some cretaceous specks imbedded in it. The left pneumogastric crossed this tumor, and its recurrent branch hooked up behind it; the posterior aspect of the tumor pressed against and adhered to the left bronchus.

The arterior innonyma was quite pervious, but the left carotid and subclavian arteries were both converted into fibrous cords, the former as high up as its division, and the latter to where the vertebral is given off, which was likewise closed at this point. The thyroid axis and other branches were pervious.

Observations.—On comparing the post-mortem appearances just related with the diagnosis pronounced two years before in the lecture alluded to in the heading of this article, it will be perceived that that diagnosis was confirmed by the appearances to a very great degree. Hypertrophy with dilatation did exist and affected the left ventrical chiefly; and there was an aneurismal tumor of the transverse portion of the aortic arch. The doubt respecting the state of the aortic orifice is now cleared up, for the valves of the orifice were found diseased, but certainly to a very slight extent; and though sufficient to account for the systolic and perhaps even the loud diastolic murmur, (though of this I am not satisfied,) yet not enough to have caused the marked visible pulsation and jerking of the arteries.

In Dr. Stokes's recent work on "Diseases of the Heart," the following passage occurs, which, however true sometimes, is proved by our case not to be always so. Speaking of the diagnosis between permanently patent aortic valves and aneurism of the thoracic aorta; he remarks that "it presents no difficulty; the peculiar throbbing pulse perceptible over a large portion of the arterial system, the visible pulsation of the arteries, the increased action of the vessels of the neck, and the double bellows murmur in the ascending aorta or the arch, all declare the nature of the disease."* It rather surprises me that a man usually so minute in his diagnostic analysis, and so cautious in expressing himself, should have so curtly and imperfectly considered the distinctions between aneurism and patency of the aortic valves. In fact, the signs here mentioned as distinctive of patent aortic valves are precisely such as we might expect to observe in aneurism of the aortic arch. Should he not

* Dis. Heart, 1854, p. 539.

have added, that the signs of pressure, either concentric or eccentric, or both, with or without a pulsatory prominence of the chest, ought also to be present to determine the existence of aneurism.

Stewart's case is interesting, as affording an instance of the combination of aortic aneurism, diseased aorta, and unsound aortic valves.

Having given it as my opinion that an aneurism of the aorta existed, it was with some satisfaction that months after I discovered a pulsating prominence in the vicinity of the vessel, as it at once confirmed me in the correctness of that opinion. Still it occurred to me that it might possibly be an aneurism of the heart, or perhaps a hypertrophied left auricle. However, aneurism of even the left ventricle, which is the part of the organ most often affected, it will be generally conceded, is very rare, and though, if it involved the base, it might readily produce a circumscribed prominence, the seat of a strong pulsation distinct from that of the apex beat, and be attended with a double murmur and signs of pressure on the lungs; yet it is not likely that it would also affect simultaneously the two great vessels arising from the left of the aortic arch and the recurrent nerve. I do not deny the absolute possibility of such a combination, but merely the great improbability thereof; and it is well to note, that in the seven cases of aneurism of the left ventricle reported by Mr. Thurnam, in his paper on "Aneurisms of the Heart,"* there is no mention of any inequality in the pulse of opposite sides, nor of any laryngeal phenomena indicative of irritation of the recurrent nerve. However, as the clinical history of aneurism of the heart has yet to be made out, the diagnosis between it and aneurism of the arch rests chiefly on probabilities.

Dilated hypertrophy of the left auricle, although it might account for the pulsation and dulness between the 2nd and 4th left ribs, would not produce the well-defined circumscribed prominence of the chest wall at that spot, and the signs of concentric pressure which obtained. And as such a condition of the auricle must be due to constriction of or regurgitation through the mitral orifice, it would almost certainly be attended at some period with the signs and consequences of marked pulmonary obstruction, and more or less dropsy; yet, with the exception of cough, dyspnœa on exertion, and shortly before his death hæmoptysis, none of these were present.

When the double murmur was first heard, it was loudest at the first right cartilage, and the first sound with a faint murmur, and the second without a murmur, were audible in the 5th space, but after the appearance of the tumor at the surface of the chest, the first-named murmur

* Medico-Chir. Transact. vol. 21, p. 187, et seq.

became loudest at the 3rd left cartilage, and a double murmur replaced both cardiac sounds about the margin of the 6th space. These alterations in the murmurs I am disposed to refer to the changes in the dimensions and direction of growth of the tumor. Thus, as the aneurismal tumor nearest the origin of the arch increased in size and projected towards the left of the sternum, sounds produced in it would be more audible here than at the right edge of that bone, where sounds originating in the ascending and transverse portion of the aortic arch are naturally most audible. The great growth of the tumor causing further displacement of the heart downwards, at the same time that by its bulk it became more closely connected with the heart's base, will explain the propagation of the double murmur along the ventricular walls to the 6th space. Still it is possible that this last murmur may have had its source in the second aneurismal sac, although I am disposed to think otherwise, as that sac grew chiefly backwards and outwards into the centre of the lung, and this latter organ was not solidified throughout its substance, which would appear to have been necessary in order that the pulsation and sounds of the aneurism should have been so distinctly conveyed to the surface of the chest.

Our case furnishes another example of the co-existence of tubercle and aneurism, between which some authorities, as Rokitansky, believe no species of repulsion or antagonism exists; others regard the affinity between them as so great, that we find Dr. Stokes observing, that "the morbid condition which most often accompanies aneurism, is tubercle."*

Bonaventure Street,
Montreal, July 25, 1855.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

VIII.—*A Treatise on the Diseases, Injuries, and Malformations of the Rectum and Anus.* By T. J. Ashton, Surgeon to the Blenheim Dispensary, Fellow of the Royal Medical Chirurgical Society of London, &c. Pp. 356. London: John Churchill. From the Author.

The management of affections of the rectum has only been undertaken by the profession, and upon scientific grounds, within a relatively short period. A little more than a hundred years ago, patients troubled

* Lib. cit., p. 578.

with these disorders consigned themselves to the protection of itinerant charletans and other imposters. Of the notorious few who then acquired popularity, was no less a person than Martin Van Buchell, whose eccentricities have gained him a place among other bygone curiosities who have strutted their fretful hour on earth's slight stage. He devoted himself at once to the study of medicine and to that of mechanics, and his genius seeming to lie in a happy reunion of the intellectual and the muscular, he gave it full scope—first in tooth drawing, then in truss making, and subsequently in curing fistulæ. Of his own pretensions and peculiarities, he speaks himself in the following extract from one of his singular advertisements. "Am not I the first healer (at this day) of bad fistulæ? With an handsome beard like Hippocrates! The combing I sell one guinea each hair. (Of use to the fair that want fine children. I can tell them how; it is a secret.)" Of Van B.'s mode of cure we have no account in our possession, but we do happen to have an account of the practice of one of his contemporaries, which may serve, if no better purpose, at least to convey some information as to the ideas then entertained of fistulæ, and of human feeling. Dionis, in reference to one Le Moyne, says, "His method consisted in the use of caustics, that is to say, with a corrosive unguent with which he covered a small tent, which he thrust into the ulcer, by which he daily, little by little, consumed the circumference, taking care to enlarge the tent daily; so that by widening of the fistula he discovered the bottom. If he found there any callosity, he corroded it with his ointment, which also served to destroy the coney burrows, and at last with patience he cured many."

Although at the present day we have risen high beyond such ignorance, yet the literature of the subject is rather in a backward state than otherwise. It is true that several writers have ushered into the world their contributions, and in all shapes, from the meagre article to the portly compendium, but yet expectation has not been satisfied, and the reviews, at least those deserving of consideration as such, have been far from being commendatory or flattering. Even two of the most familiar, —the books of Syme and Bushe on diseases of the rectum—have in the pages of Forbes' Quarterly, met with a discussion by no means favorable. It would follow, then, that an opening did exist for a good publication on this particular topic before the appearance of Dr. A.'s work.

We would not it were supposed that our author thus introduced himself to notice—that he rendered himself obvious through the defects he had disclosed in others. For far from such a method, he admits in his title page, the obligations under which he rests to both the gentlemen

above named. We on the contrary have chosen this style, to shew the necessity subsisting for a volume of the kind he has written.

The contents of the present treatise are embraced in XX Chapters, which are devoted to the description of the following objects:—Irritation and itching of the anus: inflammation and excoriation of the anus: excrescences of the anal region: contraction of the anus: fissure of the anus and lower part of the rectum: neuralgia of the anus and extremity of the rectum: inflammation of the rectum: ulceration of the rectum: hœmorrhoidal affections: enlargement of the hœmorrhoidal veins: prolapsus of the rectum: abscess near the rectum: fistula in ano: polypi of the rectum: stricture of the rectum: malignant diseases of the rectum: injuries of the rectum: foreign bodies in the rectum: malformation of the rectum: habitual constipation.

Under each of these chapters, the practitioner will find abundance of information. Our limits necessarily confine us to the abduction of only a few of the portions that seem more interesting than the rest.

Treating of fissure of the anus and lower part of the rectum—we discover that Mr A. does not adopt the usual plan by incision in ordinary cases, he reserves it for such as prove intractable to previous medication; when compelled to operate, he has found that simple division of the ulcer is sufficient and that it need not be carried through the sphincter as Boyer has recommended, and is so commonly practised. He does not state which mode of cutting is to be preferred. We are of opinion, that the plan of transfixing beneath the fissure, and then cutting inwards, has its advantages, and as the only objection that can be urged against it arises from the dread of wounding the opposite side of the bowel, and this can be overcome by introducing the speculum and cutting into its open side; we see no reason against this procedure being made the prescribed plan in all cases. Division from within outwards, which is the only substitute, cannot so securely be followed in certain situations of the fissure. Thus, when it is upon the anterior or posterior ends of the anus, a too free incision may be serious in the first place, by implicating the bulb of urethra, and in the second, by entire section of the sphincter muscles, with consequent incontinence of fœces. These inconveniences are less likely to be avoided when there is no restraining limit to the extent to which the cut may reach or when there is an uncertainty as to the actual force used, in employing the knife or an incorrect estimate, formed of the power required to overcome the resistance of the soft parts. But when there is a fixed limit, as in the plan we prefer, then no apprehensions will be raised for the occurrence of these inconveniences. But to return to our author—as remedial agents, he recommends in ad-

dition to ablution, "after evacuating the bowel half-a-pint of cold or tepid water should be injected; and a small piece of lint saturated with the following lotion or one of similar properties must be kept applied to the part. ℞ plumb acet. gr. x., liq. opi. sedat *m* xx. aquæ sambuci, ℥iv. When there is much spasm of the sphincter the ext. of belladonna in the proportion of ʒi of the extract to ℥i of spermaceti ointment, or ointment of acet lead, is commonly successful in relieving this distressing symptom?" For our part, we should prefer in every case dividing the fissure at once to temporising in this manner. The incision is so simple, expeditious and safe, that we should never think of passing it over for a more dilatory, doubtful, and painful plan.

A large part of the work is taken up with hœmorrhoids—106 pages being allotted to them. Necessarily we expect their description to be very full and perfect, and a perusal of this chapter will not disappoint such anticipations. We consider the chapter in which they are described as the best of the whole number. Prevalent though piles be their right nature and structure were long unknown, and perhaps even now may by some be misunderstood. External piles "consist of the integument and cellular tissue into which *blood has been extravasated* as a result of a congested state of the hœmorrhoidal vessels and determination of blood to them," or upon this simple state may be engrafted actual disease. By inflammatory action the cellular tissue "may become infiltrated with lymph and condensed."

These two piles extravasated, and the exudated as they may be styled, are said to differ in their persistency, the latter "remaining permanent and giving rise to other lesions." But this is perhaps taking a side with the ultra opinionated, who maintain that lymph is not absorbable after it has separated from the liquor sanguinis. It is not our intention now to pursue this question, we believe in the affirmative, as we think will every one also, who has watched the progress of certain inflammatory affections. What can be more certain than that lymph is removed after effusion into the chambers of the eye when secreted by the serous covering of the iris, in inflammation of this septum; or what is more conclusive by induction, though not so evident by vision as the occasional conversion of fibrinous products in pericarditis and pleuritis into serous fluids, and the ultimate removal of the latter; else how is to be interpreted the physical phenomena of such cases, the incipient friction murmur, its disappearance, the subsequent signs of effusion, their removal and future restoration to the healthy condition without any recurrence of the primitive friction. If, then, we believe that lymph is as absorbable as blood, we must dissent from the opinion of the author and regard one form of hœ-

morrhoid equally curative with the other and just as strenuously demanding treatment. The third external kind is the serous pile. We have never seen it. Mr. Howship whose account is borrowed says:—It consists of a serous infiltration into the cellular tissue around the verge of the anus, around which it appears as a semi-transparent ring, and is peculiar to persons of low vital powers. Internal piles, says our author, by some "are considered to resemble erectile tissue in structure, had they compared them to those abnormal developements of the vascular system termed aneurism by anastamosis, the analogy would have been more correct." These then include the anatomical forms of hœmorrhoid and it is deserving of remark that the variety commonly entertained, viz., a varicose state of the veins is referred to a distinct chapter, and finds no place in the present one. The consequences and complications of piles are next described seriatim—under which titles some of the following phenomena will always be found co-existent, inflammation, pain, hœmorrhage, mucous discharge, ulceration, abscess, fistula, fissure, prolapsus and irritation propagated to other organs as the urethra, bladder, prostate gland and testicles in the male and to the vagina and womb in the female. The cause and symptoms are next entered upon at length, and then the important subject of treatment is begun. In comparing the modes of radical cure, the following remarks are made in which we concur. "It is now generally admitted that excision is applicable only to external tumors, while the delegation, and in some cases the use of nitric acid are preferable in the removal of internal hœmorrhoids. But the operation itself is more rapidly performed, then the application of a ligature cannot be denied; but when we take into account the frequency of hœmorrhage and the necessity of applying ligatures to the bleeding vessel, or of making pressure, or of searing the wounded surfaces with red hot irons as practised by Dupuytren; there cannot be a question that the patient escapes on more easy terms and even more quickly when the ligature is used. The opponents of the ligature have imagined various evil consequences as following its application such as phlebitis, diffuse inflammation of the cellular tissue of the pelvis, peritonitis and tetanus, and have added instances where the application of ligatures was followed by fatal results: but they have neither verified their surmises as to the cause of death by post mortem examination, nor have they shown that the cases were such as justified surgical interference."

The XII chapter gives a very good description of abscess near the rectum, but still there are several points that seems to us to have been overlooked. This is an affection deserving of careful study, because we believe that future experience will show many of the views now held

concerning it to be fallacious. Frequently there is an absence of all the ordinary signs of acute abscess, of prominence, change of colour, fluctuations, &c.; owing to the distance at which the collection is placed from the surface or else to the inelastic nature of intervening textures. The presence of suppuration has therefore to be decided by the progress of the case and the general symptoms. In every case it is thought imperative that an early opening should be made, lest by its delay fistulæ or still more adverse results should succeed. But from the difficulties of diagnosis it frequently happens that the abscess may obtain a considerable size, and actually discharge itself without its having been suspected, much less ascertained. Cases thus left to end *sua sponte* have shown us that there has been no foundation for the fears commonly entertained; since, instead of falling into any harm the patient has actually recovered without the least bad consequence. From which the practical rule might be drawn that in many cases of abscess near the rectum its natural opening may safely be trusted to. In proof we would adduce one instance in particular, that fell under notice while acting as clinical clerk. About 10 years ago, one Samuel O'Callighan was admited into the Montreal General Hospital, labouring under symptoms of acute abscess in the ischio rectal fossa. It had supervened upon the cessation, too early it was thought, of a gonorrhœa. Rigors and other marks of constitutional disturbance were distinctly observed, and the history favored the supposition of the rapid formation of a large quantity of matter. Suddenly one morning while at stool he felt an immediate relief from the local pain and distention, and much matter was discharged per anum—amounting by his own statement to a quart! The abscess must have burst into the urinary conduit, as well as into the rectum, for there was a copious subsidence of pus from the urine subsequently voided. Yet in a few days afterwards no purulent discharge was to be found in the urine or fæces, and in about a week he was dismissed from hospital without a bad symptom. And lastly, we have not always detected the strikingly fetid odor asserted to exist in every case of abscess near the rectum.

In future editions we shall expect to discover the results of further observation upon the diseases which have engaged Mr. A's attention in the present work. And we shall be happy if further inquiry leads him to concur with us in the opinions that have been advanced. We would also recommend him to be more comprehensive in some of his descriptions—as for instance that of excrescences of anal region, from which is entirely omitted all notice of the peculiar growths called condylo mata ob-

served as a lesion in tertiary syphilis although they are, compared to those included, perhaps, of far the most frequent occurrence.

Take however the work—all in all—its contents and its exclusions, we believe it will fill the vacancy before referred to in the department of literature to which it belongs, and we cheerfully recommend it to the purchase of our subscribers.

IX.—*The pathology and Treatment of leucorrhœa.* By W. Tyler Smith, M.D., Member of the Royal College of Physicians, Physician Accoucheur to St Mary's Hospital; Lecturer on Midwifery and Diseases of Women at St. Mary's Hospital Medical School; Vice-president of the Medical Society of London; Honorary Fellow of the Obstetrical Society of Dublin, &c., &c. Pp. 199. Philadelphia: Blanchard and Lea. Montreal: B. Dawson.

Notwithstanding the extreme frequency of leucorrhœal discharge, very few women passing through life without at some time being the subject of it, comparatively little has heretofore been known of the pathological conditions of which it is a result. Leucorrhœa has been divided by most writers into vaginal and uterine, and very uncertain directions have been given to enable the practitioner to diagnosis between the two. Thus, one of the principal means of detecting whether the discharge issues from some part of the uterus or vagina, is that recommended by Dr. Jewel, namely, to introduce a piece of sponge into the vagina at bedtime, while the patient is in a recumbent position. If the sponge be not moistened with discharge, it is evidence that the day discharge is from the uterine cavity, and on the other hand, if it be moistened it is proof that the discharge is from the vaginal canal; the presumption being that leucorrhœal fluids do not escape from the uterus, during the night while the patient is lying.

Dr. Smith fully impressed with the paucity and uncertainty of our information on many points connected with the subject of leucorrhœa, thought that careful microscopical examinations of the discharges might possibly throw some light upon their nature and the sources from which they are derived. He had scarcely commenced the investigation, however, ere he found it beset with difficulties which demanded for their removal, a careful microscopical examination of the parts concerned in the production of leucorrhœa. In this work he has been assisted by Dr. A. H. Hassell and Dr. Handfield Jones, two of the most accomplished mi-

croscopists of Great Britain. The mucous or, rather, "cutanèous membrane lining the vagina is studded with large papillæ, and covered by a layer of pavement epithelium which is thicker in the upper part of the vagina than at the orifice. The coating of epithelium and the sub-epithelial papillæ are the parts of the vagina most largely concerned in vaginal leucorrhœa" p. 20. Contrary to what is stated in anatomical works, he found the mucous glands and follicles to be more numerous at the lower than the upper part of the canal. "The mucous membrane of the os and cervix uteri may be divided into two tracts, one comprising the surface of the os uteri and external portion of the cervix, the other being the mucous lining of the canal or cavity of the cervix," p. 22. That which covers the cervix resembles the lining of the vagina, is studded with prominent villi, and has a thick coating of tessellated epithelium. Dr. S. has failed to discover mucous follicles in the surface of the os uteri. In this he disagrees with other observers, in fact the general opinion is that follicles are numerous in this situation. He supposes that certain central depressions which exist on the extremities of the villi, and which, when examined by a low power, have the appearance of mucous cysts, must have been mistaken for a follicular structure. Just within the os uteri the lining membrane assumes a more soft and delicate appearance than that of the outer part of the cervix. This portion is covered by cylindrical epithelium, and wherever it is arranged in rugæ, mucous cysts exist plentifully. Dr. F. Kilian of Bonn was of opinion that these papillæ were supplied by nervous filaments, but that they received pleasurable sensations only. Our author is inclined to believe "that the villi of the os and cervix uteri, particularly the villi of the cervical canal are little concerned in sensation." From the liberal supply of blood possessed by the villi, he suspects "they are concerned in the secretion of the fluid plasma which the external portion of the os and cervix and the upper part of the vagina pour out, and which forms the vehicle in which the epithelial *dèbris* is suspended; or they may be intended for the formation of the thick layer of epithelium covering these parts, and which is in constant process of removal and disintegration," p. 29. The rugæ of the canal of the cervix are arranged into four longitudinal columns; and in the fossæ between the transverse ridges, numerous glandular follicles may be seen, the whole probably amounting in a well developed virgin cervix to ten thousand. Closure of the mouth of one of these follicles with subsequent distention of the cavity, produces, according to most writers, the so called glandulæ nabothi. Dr. Whitehead, however, believes them to consist of "erectile tissue including a number of tubes or cells which probably have

a peculiar arrangement and are highly organised; and that their function is in some way concerned with the phenomena of the venereal orgasm." Dr Smith is of opinion that under the designation of ovules of naboth "several dissimilar conditions, such as specific and simple eruptions of the os uteri, cysts or vesicles developed upon the mucous membrane, and possibly obstructed follicles have been grouped together."

After giving a detailed description of the healthy secretions which take place from the different parts of the vagina and uterus, our author proceeds to describe their morbid conditions. He divides leucorrhœa into the mucous and epithelial varieties. The former, which is the more frequent, and important as being by far the most obstinate and difficult to cure, consists chiefly of mucous-corpuscles and plasma and is "secreted chiefly by the follicular canal of the cervix." The latter consists of scaly epithelium and its *debris*, and is derived almost altogether from the vaiginal canal, and from the vaginal portion of the os and cervix. The two varieties, however, may exist together, the one or the other preponderating. "I have been led," he says, "to look to the mucous glands of the cervix uteri, and to the vagina, as the chief seats of disorders in leucorrhœa. I have not found the mucous follicles at the entrance of the vagina a frequent source of leucorrhœa in adults; but the leucorrhœa met with in young children is principally derived from these glands and consists of scaly epithelium and mucous corpuscles. As regards the supposed cervical catarrh from the cavity of the fundus uteri, about which many authors have written, I have seen no cases in which there was any evidence that the sources of the discharge were above the canal of the cervix. Irritation of the mucous membrane of the fundus uteri seems to be attended by sanguineous and watery rather than mucous discharges. * * * The following are the elements found in the discharges in vaginal or epithelial leucorrhœa of different degrees of severity:—1. Acid Plasma. 2. Scaly Epithelium. 3. Pus Corpuscles. 4. Blood Globules. 5. Fatty Matter. The following are the elements found in the different forms of cervical or mucous leucorrhœa:—1. Alkaline Plasma. 2. Mucus Corpuscles. 3. Altered Cylinder Epithelium. 4. Pus-Corpuscles. 5. Blood Globules. 6. Fatty Particles."

With regard to the treatment of leucorrhœa he advances nothing new. His favourite preparation of iron is the iron alum. This is a salt isomorphus with common alum, the alumina being replaced by iron. There are two iron alums, the ammonia iron alum represented by the formula:—$Fe^2\ O^3\ 3SO^3 \times NH_4\ O, SO^3 \times 24$ aq; and the potash iron alum,

represented by the formula:—$Fe^2 O^3 3SO^3 \times KO, SO^3 \times 24$ aq. They have both the same appearance and taste, but the ammonia alum is the more soluble. They may be prescribed in doses of from three to six grains in a bitter infusion three times a day.

This treatise of Dr. Smith's is certainly the most complete and most practical one on leucorrhœa in the English language; and we would advise each of our readers to purchase a copy and read it carefully.

X.—*A Practical Treatise on the Diseases peculiar to Woman.* Illustrated by cases derived from Hospital and Private practice. By S. Ashwell, M.D., Member of the Royal College of Physicians London, and late Obstetric Physician and Lecturer to Guy's Hospital. Third American from the third and revised London edition. Philadelphia: Blanchard and Lea. Montreal: B. Dawson. 1853. Pp. 528.

The character of the work is so well known that we need not insist upon its great merits. It has been before the professional public for seveal years, and the *vox populi* has long since been in its favour. It recommends itself, especially to patronage, on account of its being a practical treatise on a most important class of diseases. And being written by a Physician Accoucher in large practice in the metropolis of the world, and connected with one of the largest Hospitals in the same city; it will easily be understood that abundance of material was obtainable for its purpose. These have, in the hands of the author, been turned to good account; and the reader will, as he cons its pages, ever and again be meeting with ample proof of the fact. Dr. A's reputation as a teacher and practitioner of obstetrics is perhaps, at the present day, not surpassed by any other man; and deservedly, we think, he is esteemed as an authority of an high order upon this particular department of medicine. It were much to be desired that more "experienced men" would after a respectable number of years of observation, give the world the fruits of their seeing, thinking and doing. We should then have fewer complaints of the paucity and bareness of works of a practical nature. Even upon the subject under observation how very few works of such a kind can be instanced. Of those, however, that have been published, the one under notice occupies the pre-eminence in English literature.

XI.—*On the Pathology of Saccharine Assimilation.* By GEORGE D. GIBB, M. D., Physician to the West London Dispensary, Physician Accoucheur to the St Pancras Royal General Dispensary, &c., &c.

This is a very valuable paper on a subject which has for a number of years engaged the attention of the author. After a few remarks on the physiology of Saccharine Assimilation he enters at once, and very fully, on its pathology. "The pathological conditions," in which sugar is found to exist in the economy, "form a very considerable class, and comprise some of the most incurable diseases to which the human frame is liable." Dr. Gibb has arranged them in the following manner:—DIABETES. Sugar in the stomach, in the blood in excess, in the alvine discharges, urine, saliva, expectoration, with or without phthisis, perspiration; and is absent in the liver, and hepatic veins. OXYLURIA. Sugar in the urine occasionally. DYSPEPSIA. Sugar in the urine occasionally. GOUT. Sugar in the urine rarely. ANTHRAX and FURUNCULUS. Sugar in the urine rarely. BRIGHT'S DISEASE. Sugar in the urine and fluid of Dropsy very rare. HEPATIC DISEASE. Sugar in excess in fatty liver, and with cancer of the organ—generally absent or decreased in other diseases of the liver, or when death occurs from disease elsewhere, or from starvation—absent in livers of syphilitic infants—lessened when a portion of secretory structure is destroyed, in the fluid of dropsy from fatty liver. TUBERCULOSIS. Sugar in excess, in fatty liver when present—in excess in the general circulation—in tuberculous matter (?)—in scrofulous pus—in the urine of phthisis occasionally—in the expectoration—in the urine of other scrofulous diseases commonly—in the urine in strumous congestion of the brain and hydrocephalus. ABSCESSES. Sugar in the pus of all abscesses, no matter what may be their source or situation, or the colour of the pus. DISEASES OF THE NERVOUS SYSTEM. Diabetes, a concomitant of many of them. Sugar in the urine, in epilepsy, after convulsions and after a threatened attack of convulsions, sometimes continues—in the urine, in chorea, paralysis and hysteria, occasionally—in neuralgia occasionally—in dentition and pertussis—in concussion of the brain—in affections of the base of the brain, as tumors, chronic disease, wounds of the fourth ventricle, injury, irritation and division of pneumogastric nerves. DISEASES OF THE RESPIRATORY SYSTEM. Sugar in the urine and blood in impeded respiration occasionally, in suffocation, in anesthæsia from ether and chloroform, in tuberculosis pleurisy and asthma, in acute and chronic cerebritis, in simple and complicated pertussis. Sugar in the prune juice expectoration of pneu-

monia, sometimes in expectoration of phthisis, occasionally. CHOLERA. Sugar in the perspiration, in the urine, in the evacuations. MILK. Sugar deficient in quantity, in state of fermentation producing infusoriæ, in the urine from arrest of secretion of milk. EFFECTS OF CERTAIN MEDICINES. Sugar in the urine from bichloride, iodide and sulphuret of mercury, from salts of antimony, from opium and narcotics in general, tobacco, from arsenic, lead, sulphate and carbonate of iron, from sulphate of quinine, from nitrate of potass, *all* occasionally."

The labour and research which Dr. Gibb has bestowed in the accumulation of material for his very excellent paper is worthy the highest commendation.

XII.—*Statistics of Injuries of the Heart: Observations on wounds of the Heart, and their relations to forensic medicine, with a table of forty-twor ecorded cases.* By SAMUEL S. PURPLE, M.D., Member of the American Medical Association; of the New York Academy of Medicine; of the New York Pathological Society; of the New York Historical Society; Honorary Member of the New York State Medical Society; Corresponding Member of the Epidemiological Society of London. Pp. 33. New York: Samuel S. & Wm. Wood.

Dr. Purple in order to ascertain how far the popular opinion regarding the necessary fatality of wounds of the heart, "is or is not founded in fact," has, at a great expenditure of trouble, collected and arranged 42 cases of this class of injuries. He deduces, among others, the following conclusions from the facts observed in the cases which he has collated:—That wounds of the heart are not immediately fatal. That recovery, after severe gunshot, incised and punctured wounds of the heart is possible, and that, too, amounting almost to a possibility, provided a careful and judicious treatment is carried out. That the presence of a leaden ball imbedded in the walls of a ventricle of the heart, does not preclude the possibility of recovery, and is not incompatible with the continuance of life for a number of years. That it is possible for an incised wound of the heart to heal by first intention, and the patient be afterwards able to continue a laborious occupation for years with no severe manifestation of heart disease. That the presence of a foreign body, other than a leaden ball, of considerable size in the wall or cavities of the heart, does not necessarily preclude the possibility of a continuance of life for a number of days.

CLINICAL LECTURE.

On Surgical Injuries Admitted into the London Hospital, Etc. By John Adams, Esq., F. R. C. S., Surgeon to the Hospital.

(*From Dublin Medical Press.*)

Every tissue of the body is liable to accident—from the outer covering of the body to parts in its inmost recesses: there is scarcely a point (however careful Nature may have been in defending it) but is liable to shock or injury from external violence. Accidents, for the most part, are found in different tissues to conform themselves to general laws. Thus, injuries of the skin result in laceration, and even lacerations assume particular directions in many instances. Again, injuries of muscles, result either in division or rupture; injuries of tendons, in strains or rupture; whilst ligaments are either sprained or divided by rupture. Bones are liable to fractures of various kinds, also to contusions; and so we may proceed through various parts, observing that all the tissues are simultaneously liable to contusions, lacerations, and incisions; and hence, in treating deep-seated wounds, your treatment must be adapted to what I may term the exigencies of every individual tissue of a part.

You must, of course, expect out of thousands of cases great similarity; but you must be prepared for some cases of a very unusual character. Perhaps no two cases are quite parallel; but it happens occasionally that *unusual* cases occur, and sometimes most *extraordinary* accidents will happen. Thus, I may mention that three dislocations of the hip in children *under* 10 years of age, have been admitted into the hospital in my recollection. In two the dislocation occurred upwards, and in the other downwards; so also I may mention a case now under my care, not strictly an accident, but admitted here as a casualty. It is a case of extravasation of urine, occurring in a child of 5 years of age without external violence. This is most unusual. Amongst the extraordinary cases, I may mention one of a sailor, who had fallen from the yard-arm of a vessel into the London Dock, and was picked out of the water without his right arm, which had been torn off in falling, and was never after found! Another instance occurs to my mind: a man was pinned to the deck of a ship by a bolt of only four inches in length, which was attached to the lower end of a mast. The bolt passed through his chest, close to the base of the heart, through the lung, and, coming out close to the spine, was driven an inch into the deck. The man got well! So I can mention to you a case, extraordinary from the recovery after numerous fractures and dislocations. A man was brought to the hospital, having fallen from the yard-arm, and was found to have sustained all the following injuries—in fact, knocked to pieces, as one might say:—Dislocation downwards of the right humerus; dislocation backwards of the right femur; dislocation inwards and backwards of the right tibia and ankle, and a wound; fracture of the left tibia just below its head, and dislocation backwards of the fibula; comminuted fracture of the left os calcis; fracture of the external malleolus. Yet he recovered!

The inference to be drawn from these extraordinary cases may be summed up in two words, sometimes applicable in surgery as in other matters—*nil desperandum*.

Let me now draw your attention to the list of accidents treated at London Hospital during last year. Independent of hernias, retentions of urine, hæmorrhage from causes not mentioned as accidents, they amount to the large number of 10,374. Out of these there are—Fractures, 1216; Wounds, 2912; Contusions, 3269; Sprains, 1206; Dislocations, 114; Concussion of brain, 42; Burns and scalds, 517; Bites of dogs, &c, 134; Foreign bodies in various passages, 162; Corrosion from acid, 1; Thecal abscess from injury, 122; Inflammation from injury, 645; Attempts at suicide, 34.

I have also before me an interesting analysis of the fractures which are arranged thus:—

Skull, 17; Face, 30; Spine, 7; Ribs, 222; Sternum, 4; Pelvis, 4; Thigh, 80; Patella, 17; Leg, 203; Foot, 39; Scapula, 13; Clavicle, 137; Humerus, 80; Forearm, 287; Hand, 126.

Thus it will be seen that fractures of the forearm are the most numerous. Next, in frequency, are fractures of the ribs; next, of the leg; then the clavicle, hand, &c.; and the bones least obnoxious to fracture, are those of the pelvis, the sternum, and the spine.

We deduce this inference from this list, that those parts of the body which are most in use, are the most liable to fracture; as, for instance, the forearm. From an estimate I made some years ago, I found, in corroboration of this remark, that fracture occurred more frequently to the right forearm and the left leg, and that the ribs were more frequently fractured on the left side (as perhaps less defended by the left arm).

I now proceed to consider the treatment of accidents in general. You are first, then, to see whether there is any bleeding. Whatever the nature of an injury, hæmorrhage is your first care, and therefore if you see any marks of blood, you strip off the clothes and look for the source of hæmorrhage, on which you clap your finger, being certain that hæmorrhage from an artery within ordinary reach can be arrested momentarily by pressure of the finger firmly applied. Of this subject, however, I shall treat when I come to the subject of hæmorrhage.

The position and appearance of the patient will sometimes afford you at once a clue to the nature of the injury, and if he be sensible he will point out what has happened. Thus, if the thigh be broken, you will find in all probability one foot turned out, and an attempt to move the limb will cause excruciating pain; so, also, pain on attempt at motion will lead to the detection of other fractures. I have said that the patient's own sensations will sometimes lead you to a diagnosis of the injury, but this will not always serve you. I remember being called to a plumber who had fallen into the area of a house he was engaged at; he was unable to stir, but perfectly composed, and when I expressed my sorrow that he had met with so severe an injury, he replied with a calm countenance that the mischief was not so severe as I imagined, as he was in no pain whatever. He had, however, broken his spine in the lower cervical region, and soon sunk, I need not say, under the effects of this terrible injury.

If the patient is sensible, you obtain from him all the information you can as to the mode of occurrence of the accident, and every thing appertaining to it. If he is insensible, you must get what information you can, in every-day life, from those around him, and very often this amounts to *nil*. Without any extraneous aid, therefore, you must set to work to make your examination. You examine the countenance, look to the pupils of the eyes, feel the pulse, and examine the state of the skin. You strip the patient after sending him to the ward, and observe what marks there are of external violence; look to the state of the sphincters, for if there has been involuntary discharge of fæces and urine, be assured that some serious mischief has occurred to the central mass of the nervous system, and that in all probability the case will end in death. The state of the pupils, will afford you useful indication of the condition of the brain, and will enable you to detect the difference between real injury and dead-drunkenness, for many cases of the latter complaint are introduced as accidents. In drunkenness the pupils are usually contracted, but not always so, and the iris contracts on the application of light to the eye. In severe cerebral mischief, for which drunkenness is liable to be mistaken, the pupils are commonly dilated, insensible to light, and discordant. In drunkenness, also, the smell of the breath will afford a clue to its detection.

In the examination of patients on admission as accidents, when in a state of insensibility, you must be careful to ascertain whether any dislocation of the joints exist, as the circumstances are then favourable for reduction. But on this point you may be misled by appearances, and mistake an old irreducible dislocation for one of recent occurrence. A man was brought to this hospital many years ago for an injury of the head, of which he died. On examining the body, a dislocation of the shoulder-joint was discovered; the surgeon imputed blame to himself for having overlooked it, but his mind was satisfied by finding on dissection that it was an unreduced dislocation of some standing. The preparation is in our museum. Another instance occurred to a friend of mine, and such a case might occur to any of you. He was called to a man who was nearly dead-drunk, and who was supposed to have met with an accident which rendered him insensible. On examination he found a dislocation of the shoulder, or some deformity resembling this injury. He was proceeding to adjust his extending apparatus, pulleys, &c., when the man, having come to his senses, thundered out "born so, born so!" So the surgeon desisted, and afterwards discovered that the case was one of congenital defect. You see therefore, that it is your duty to make as accurate an examination of the joints as you can in cases of insensibility, by running your hand over them, by which you will be enabled generally to ascertain an injury of this description, which if overlooked may afterwards afford serious grounds of regret. Some few years ago, I had a patient in the hospital with a compound fracture of the thigh: the limb was placed in an easy position on the out side, and the fracture was going on well. However, after a few days he complained of pain in the upper part of the thigh, and on examination a dislocation of the femur into the foramen ovale was detected. It was easily reduced. This was

a very unusual case, as the patient was quite a lad, in whom no suspicion of this accident was likely to be entertained.

Facts like these show the importance of a most rigid scrutiny in all cases of injury, and ought to render us charitable in regarding the mistakes of others. It shows, too, that nothing is too trivial among these "common things" for us to study.

There is another subject I think it right to allude to here, in reference to accidents. Accidents, like diseases, are sometimes feigned by patients for the sake of admission into hospitals. I have known many instances of this, and you will meet with many. You may sometimes arrogate to yourselves much credit in the ready detection of imposture; let me advise you to be cautious in this respect, as you may be deceived, and subsequent conviction of your error may lead to very unpleasant reflections. I would advise you, therefore, in a doubtful case rather to err on the side of humanity, and treat the case as one of accident than to run the risk of the unpleasant conviction of error, and by dismissing the patient inflict an injury on him as well as to your own feelings. Ulcers on legs will thus be feigned; and there is a curious set of cases rather allied to these—hysteric feign of stone in the bladder, and other diseases, by females. Swallowing needles to an almost incredible amount is another curious offshot of hysteria. A woman was operated on not long since, but not in this hospital, for stone in the bladder, when a hair pin revealed itself as the nucleus of the stone and was thrust through the bladder, and plainly felt in the rectum. The woman would give no account of it (she was rather silly) but that it slipped in! Amongst other anomalies, a large egg-cup was lately shown at one of the medical societies as having been swallowed, and was found after death in the intestines. These may all be mentioned as bearing on the curious subject of feigned disease, or anomalous affections, that may be met any day in practice. Hysteric patients think very often they have knee-joint disease, &c.

Now as to bruises, sprains, strains, &c. You must not expect novelty on this subject, but I shall not pass it over as being very common. Such accidents are very important, especially in evidence at inquests or on trials, &c. The nature of a contusion or bruise is intelligible enough; but bruises are important, of course, according to the part injured, and the depth or extent of the injury. Thus, a simple shock or contusion of the eye may lead to permanent amaurosis, whilst the bruising of a limb is attended with but temporary inconvenience. The blood extravasated under the influence of a bruise, it is well to remember, in a medico-legal point of view, generally after a time separates into its natural chemical constituents of serum and red globules, &c., and the prevalence of one or other of these constituents in the meshes of the subcutaneous cellular membrane gives rise to the altered colour of the part, which generally tells the date of an injury, as on the fourth or fifth day after the accident it becomes of a yellowish-green appearance, the shade varying from a purple to a light green. This is an evidence, as in a child found dead, that absorption was taking place; for in cases where this process is not going on, this variegated appearance does not

exist. The treatment of bruises of a simple character consists of rest and the use of warm fomentations or cold lotions. Do not employ the latter in cases of extensive bruise, as you may compromise the vitality of the skin.

THERAPEUTICAL RECORD.

(*From Virginia Med. and Surg. Jour.*)

Epilepsy.—Dr. McKinley, of Georgia, in a communication to the American Medical Gazette, thus writes:—"We are well satisfied in our own mind, and we have become so by experience, that the way to cure a man of epilepsy is to castrate him. Dr. McK. gives us no idea as to his method of treating epilepsy in the female, but favours us with a case, in which the disease was cured, without leaving the patient in the unpleasant condition usual after such a surgical operation.

Fibrous Tumours of the Uterus.—Dr. West is in the habit of making the following prescription for this disease. As one of the physicians in attendance on St Bartholomew's, he has often the opportunity of testing the value of the iodine preparations in promoting absorptions. His conclusions are in favour of the efficacy of this remedy.—R. Potass. iod. gr. j.; syr. iod. ferri. vj. xx.; Aquae caruae ʒss. Ter die sumend.

Hydrocele Cured by an Ointment of Digitalis.—M. Bellucci reported five cases in 1854 cured by this method. Dr. La Farge of Toulouse, reports another case on the right side cured in six weeks by friction of the following ointment: Powdered leaves of digitalis, 6 parts; lard, 30. A suspensory bandage has also to be used. It will be remembered that this journal reported several cases, in the second volume, of ascites cured by a similar application to the abdominal parieties.—*Phil. Med. and Surg. Journal.*

Obesity.—Dr. Cockburn, of Darlington, Pa., reports in the Medical Examiner a case of polysarcia truly astonishing. A boy, aged nearly three years, weighed 98 lbs., and is fattening at the rate of six pounds in seven weeks! He is well proportioned being three feet high; measuring 36 inches around the chest; 40 round the abdomen; upper part of the arm, 10; wrist, 7; upper part of the thigh, 26; ankle, 12.

Rheumatism.—In the *Jour. de Med.* of Brussels, Dr. Hœr reports a number of cases of rheumatism, unaccompanied with much fever, but characterised by persistence in the swelling of the joints and extreme pain, in which the tincture of *cannabis indica*, in doses of eight to ten drops, *ter die*, removed the pain in a short time, this result being preceded by abundant diuresis.

Saccharine Carbonate of Iron and Manganese.—Take of finely powdered sulphate of iron, three ounces and one drachm; carbonate of soda,

five ounces; sulphate of manganese, one ounce and one scruple; white sugar, two and a half ounces. Dissolve each of the three first in a pint and a half of water; add the solutions and mix them well. Collect the precipitate on a cloth, filter and wash with cold water. Triturate the pulp with the sugar previously reduced to a fine powder and dry at a temperature of 120°—Dose from five to twenty grains.

Tic Douloureux.—Dr. Chisholm speaks in the highest terms of the benefits to be derived from the use of the ointment of veratria in neuralgia. He directs that it should be used in the proportion of fifteen and twenty grains to the ounce, and rub in until tingling and a peculiar pricking sensation is felt.

PERISCOPE.

GERMAN.

Musk in spasm of the Glottis.—Salathe recommends musk without any addition in the above mentioned condition of the glottis. The remedy was administered in 10 cases, and operated satisfactorily in nine.

Clarus observed very happy results attending its use in the same affection, when combined with tannin, ¼ to ½ grain of each for a dose, 4 times a day.

The tannin moderates the secretion of mucus which calls forth the attack, and the musk operates against the cramp.—*Prager Viertlejahr Schrift.*

Kreosote in Diabetes Mellitus.—Dr. Michalsky of Kreuzburg, Prussia, relates the following: A peasant, æt. 28, had for about 18 months suffered from this disease. The average quantity of urine voided in 24 hours, was about 20 quarts, and chemical analysis gave, in 20 ounces of urine, 1 oz. 1 drachm of sugar. The patient had become extremely weak and thin. His diet consisted of nothing but meat, and with the exception of a little bread, no vegetables. Kreosote in pills was now exhibited, and shortly after this exhibition, the quantity of urine, and relative amount of sugar rapidly decreased. When the strength of the patient was very much reduced, the pills were suspended for a time: and a decoction of cinchona given in their stead. After six months' treatment the quantity, the smell, and consistence of the urine were normal, and the sugar had entirely disappeared. The patient experienced no more excessive thirst, and health and strength returned.—[Preuss. Sanitats berichten.]

Treatment of Neuralgia by Compression of Artery.—A man, ætat 48, experienced during convalescence from a severe illness, a return of neuralgia of the supra-orbital nerve, from which he had previously suffered

much. All the usual remedies were tried unavailingly. After suffering seven days, compression of the corresponding carotid was resorted to. The compression was kept up a whole forenoon, with interruptions of 5 or 6 minutes every quarter of an hour. At the end of that time the patient became sleepy, and the pain ceased. However, almost at the same moment, severe shooting pains were felt on the dorsum of the penis, extending from the pubis to the glans, and for a short distance along the crest of the ilium. Compression continued for 45 minutes on the abdominal aorta, caused the pain so entirely to disappear, that it never re-appeared.—[Medizinische Neuigkeiten.]

To Remove Adherent Pieces of Adhesive Plaster.—Dr. Forget of Strassbourg recommends the following method: Lay a dry, light, warmed piece of linen, a compress and napkin, firmly upon the part; press it with the palm of the hand, and remove it. As the plaster adheres more closely to the linen than to the skin, the latter is completely cleaned by one or two manœuvres of this kind.—[Ibid.]

A Remarkable Case of Melanotic Deposit.—From the Vienna Hospital reports, we extract the following: On the 1st July, a melanotic tumor of the parotid was removed; on the same day, the patient had an epileptic fit, which returned at irregular intervals; the wound healed readily, and the patient left the hospital at the end of August, but returned again on the 13th September, when on different parts of the body a number of dark blue shining hard lumps were visible through the skin, and also in the site of the operation, where, however, the skin was broken. The epileptic paroxysms became more violent, and the patient died on the 20th October, after the appearance of an exopthalmos of the left side. At the autopsy, besides the numerous melanotic nodes in the subcutaneous areolar tissue, and the left parotid, many such deposits were found in the cranium, in the meninges, and in the brain itself; that in the latter protruding through the optic foramen, and giving rise to the exopthalmos already noticed. Similar deposits were found in the bronchial glands, lungs, pleuræ, stomach, liver, spleen, left kidney, ball and socket joints, and lastly, a hœmorrhagic spot in the right kidney.—[Wissenschaft Neuigk.]

ENGLISH.

Tonics and Stimulants.—Although these two agents are here arranged together, and are frequently combined in their administration, yet they differ essentially in their therapeutic effects. Tonics, although not confined in their action to the muscular fibre, are generally defined to be *those* "medicinal agents which restore relaxed and weakened muscles to their state of healthful tone, which renew their elasticity, contracti-

bility, and tension,"* and thereby impart strength and vigor to the whole system. *Stimulants*, by increasing the sensibility and irritability of the parts to which they are applied, powerfully augment, through the nervous system, the organic actions. Stimulants exalt the functions of innervation and circulation without imparting permanent strength to the system. Tonics give tone and strength to the muscular and nervous system at the same time, without increasing, necessarily, the action of the heart. "Tonics give strength, stimulants calls it forth."

The tone or energy of the system which is gradually acquired through the administration of tonics, becomes permanent, and is not replaced by a consequent exhaustion or depression. The introduction of stimulants into the living body is quickly followed by increased energy of the vital actions, and is succeeded as rapidly by a state of depression or collapse. Stimulants are not indicated when inflammation is present, but "tonics, by imparting strength to the capillaries, operate beneficially in inflammation, even when the use of the lance is requisite to keep down the action of the heart."† Both tonics and stimulants may produce their effects on the system, by making their impression chiefly on the stomach, or by operating through the medium of the blood, or through the medium of the nerves.

As tonics, strictly speaking are neither stimulant nor sedative, they may be appropriately, and, often, very usefully combined with either. In many cases, where tonics are indicated, and yet from some cause are not well borne, they may be administered, especially the martial preparations, with much safety, and often with great advantage, by combining them with some of the peculiarly sedative medicines. The different forms of iron, whether employed as found in the natural chalybeates, or in artificial preparations of the chemist, make their primary impression on the digestive organs, augmenting, ultimately, the power of the secretory system, and rousing the nutritive faculty in every part of the body.

The following combination of a chalybeate with a stimulant and a sedative has, for many years in our hands, proved a most valuable tonic, particularly when administered during convalescence from disease, and in all debilitated and anæmic cases.

R.	Extracti Conii,	ʒij.
	Sesqui oxydi ferri,	ʒiij.
	Tinct. Columbæ,	℥iss.
	Syr. Toluta,	℥ss.
	Ol. Gaultheriæ,	gtt. x.
	Aquæ fontanæ,	℥ij.

Fiat mistura; cujus sumat coch. parv. mane ac nocte.

Or the following may be substituted:

R.	Sesqui oxydi ferri,	
	Extracti Taraxici,	aa. ʒss.
	Vini Xerici	℥vj.
	Tinct. Gaultheriæ,	ʒss.
	Aquæ font	℥iv.

M. Capt coch. magn. bis in die.

* Thompson's Therapeut.
† Thompson,

The following is a very excellent tonic, and may be exhibited whenever any of the ferruginous preparations are indicated.

℞. Ferri Citratis, ℥ij.
Syr. Citri. *vel* Aurantiæ,
Aquæ Menth. pip., aa. ℥ij.
Aquæ puræ, ℥iv.
M. Exhibe cochlearium purum ter quaterve in die.

In young anæmic females, with indications of a chlorotic condition of the system; and also in children of strumous habits, the *phosphate* of iron, exhibited in combination with the sulphate of quinine, is a therapeutic agent of great value.

℞. Ferri Phospatis, ℥j.
Quinine disulphatis, gr. xii.
M. Fiant pulv. xii., quarum. capiat unam bis terve in die.

A physician of great experience, and celebrated for his successful treatment of diseases of females, has employed for many years, and with much advantage, the subjoined combination of an alterative and a tonic in the management of certain forms of uterine disease.

℞ Syrup. Ferri Iodidi, ℥j.
Tinct, Actæ racemsoæ, ℥v.
Tinct. Rad. Aconiti, ℥iij.
Fiat mist. cujus cap. gtt. xx. ter in die.

We have seen engorgement of the os tincæ and non-malignant induration of this organ, disappear rapidly under the persevering internal administration of the above tonic; while, at the same time, the following ointment was applied once a week, by means of friction, with the finger, to the indurated os.

℞. Extracti Hyoscyami.
Extracti Conii.
Extracti Belladonnæ, aa. p. e.

To each ounce of which mixture add one drachm of iodide of potassium —mix thoroughly, and apply as above.

℞. Ferri Sulphatis, ℥ij.
Potassæ Iodidi, ℥iss.
Tinct, Colombæ.
Syrup Zinziberis, aa. ℥ij.
Fiat mist. capiat coch. parv. ter in die.

This mixture may be exhibited with advantage, whenever we desire to promote the absorption of glandular enlargements, and in all cases where a tonic and an alterative are indicated.

Not unfrequently the general practitioner will encounter cases of obstinate intermittent; and of uncontrollable neuralgic affections, which will resist, altogether, the effects of the ordinary antispasmodics, when singly administered. In such instances, we have often succeeded perfectly, by the combination and exhibition of a vegetable and mineral tonic,—as the following:

℞ Liquor Potassæ Arsenitis, f. ʒiss.
Tinct. Cinchonæ, ʒiij.
Syr. Aurantiæ, ʒj.
M. Hujus mist., sumat cochl. min. bis terve in die.

During the last two years, intermittent fevers have occurred more frequently, in some parts of this city, and in the vicinty of the city, than for many previous years. In some of these cases, where the disease has proved obstinate, not yielding to the largedoses of quinine, long continued, we have found it to be promptly arrested by the administration of a teaspoonful of the following mixture, twice or three times a day,—the last dose being administered a short time before the period of the anticipated paroxysm.

R. Quiniæ sulph, ʒj.
Liquor potassæ arsenitis, f. ʒij.
Acidi Sulph. Aromat., f. ʒj.
Tinct. Cinch. Co.
Syr. Zingiberis, aa. ʒij.

When the preparations of arsenic are employed, it is safest to give the medicine after a meal. When thus exhibited, larger, or more effectual doses may be given with more safety, than when taken fasting. Should however, gastric irritation arise, under its use, or swelling and stiffness of the eyelids occur, the medicine should be immediately discontinued.

Should it from any cause be desirable to administer these remedies in the form of a pill, we may employ the following formula:—

R. Acidi Arseniosi, gr. ij.
Quiniæ disulphatis, ʒj.
Conserv. Rosæ, ʒss.
Misce optime, et fiat massa, in pilulas xxx. dividenda; sumat unam bis quotidie.

We have had, recently, much experience in the use of the different preparations of Manganese, and have become fully satisfied, that this mineral tonic, in its different combinations, will prove a most valuable addition to our pharmaceutic preparations.

The presence of Manganese in the blood, has been fully established by the experiments of MM. Millon, Hunnon, and others; and, recently, M. Burin, in a memoir presented to the French Academy of Medicine, has given an analysis, by which he shows the amount of manganese in the blood globules, and exhibits the condition in which it exists.* It is indeed as constant an ingredient of this fluid, in its normal condition, as iron, and it is well known that a deficiency in quantity, of both these metals, may be observed in the blood in many cases of anæmia, chlorosis tuberculosis, &c.; and hence the employment of manganese is proper, in most instances, where the administration of iron is indicated. Frequently both may be given in combination, with great advantage.

The most important preparations of manganese, for pharmaceutical purposes, are the *phosphate*, the *malate*, and the *iodide*, of manganese.

Bull. de Therapeutique.

After the subjoined formula, we have administered, in tuberculosis, to a large number of patients, the phosphate of manganese, with most favorable results.

R.	Manganesii phosphatis,	ʒij.
	Tinct. Cinchon,	℥ij.
	Syr. Sarsæ,	℥iv.
	Mucil. Acaciæ,	℥j.
	Ol. Gaultheriæ,	gtt. xx.

Fiat mistura, cujus sumantur, coch. duo vel tria minima bis terve in die.

Or we may administer, under similar circumstances, and to the same amount, the manganese combined with some of the preparations of iron; as in the following:—

R.	Manganesii Phospatis,	ʒiss.
	Ferri Phospatis,	℥iij.
	Tinct. Columbæ,	℥ij.
	Syr. Tolutan,	℥iv.
	Ess. Gaultheriæ,	f. ʒj.

These mixtures should be kept in well closed bottles, and as the manganese is not altogether soluble, the medicine should be shaken before being administered.

The malate of manganese is considered by some practitioners a more eligible preparation, inasmuch as it is quite soluble, and the base of the salt is in the form of proto-oxide, the acid being easily digested.

R.	Manganesii malat.,	ʒij.
	Tinct. Cinch.,	℥ij.
	Syr. Simp.,	℥iv.
	Ess. Limon,	f. ʒj.

Fiat mistura, date coch. parv. mane ac nocte.

The iodide of manganese is an efficient remedy in the treatment of glandular enlargements, especially those of the neck, and of the spleen, in constitutional syphilis, and in the anæmia arising from scrofula and from cancerous affections.

It may be administered in the form of pills; or, as a mixture in the following formula:—

R.	Manganesii Iodid.,	ʒij.
	Tinct. Cardamom	℥j.
	Syr. Sarsæ	℥v.

Misce. Sumat coch. parv. bis terve in die.

In a paper published in a late number of the *Bulletin de Therapeutique*, M. Petriquin recommends a combination of manganese and iron, as a highly valuable agent in the treatment of disease. He has found these combined medicinal bodies, especially useful in blood diseases, such as the chloro-anæmia, after hæmorrhage, operations, menorrhagia, &c. In the chlorisis which appears about puberty, in that also which occurs at the critical period of women, especially when profuse hæmorrhage prevails, and in the depraved state of the blood, which

succeeds intermittent fevers, M. Petriquin has found the ferro-manganese preparations of remarkable efficacy.---*Amer. Med. Monthly.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

TO SUBSCRIBERS.

Our Subscribers will please bear in mind the terms on which this journal is furnished. Without a strict adherence to them it could not have weathered the trying period of its infancy, and as our old patrons still manifest their approbation in continuing to receive it, we feel we have only to remind them that the former practice of prepayment is still the rule, to be forthwith put in possession of the amounts of subscription due for the current year.

N.B.—Two shillings and sixpence will be given for No. 12, Vol. 1, of the Medical Chronicle, by a gentleman desirous of completing his set. If sent to the Editors, it will be forwarded to the proper address.

A person of the name of Melchior, one of those peripatetic lecturers, who, dubbing themselves professor, travel through the country duping the gulible of the population, has recently addressed us a letter, requesting the name of the young girl whose interesting case the Hon. Mr. De Boucherville has made the subject of a communication to Dr. Hall. He accompanies the request with such a senseless and bitter tirade against the clergy of his own church, something so utterly irrelevant to the information he desires, we are inclined to believe him *non compos mentis*. If he is capable of comprehending a common sense and simple statement, we assure him that the clergy of all denominations are regarded by us with feelings of the greatest respect. As a class, we consider them to be the most upright, moral and religious of the community; composed of men self-devoted in the cause of religion and humanity.

We would advise Mr. Melchior, when he again addresses the editor of a journal, to pay the postage, for assuredly his communications, either for literary elegance, or the information they contain, are not worth even the paltry sum of *threepence*.

Hydrophobia.—In reply to Dr. Clark, we would state, that the bite of a dog, at this or any other season of the year, cannot produce hydrophobia unless the dog be suffering at the time from the disease. If a person receives a bite from a dog, and there be any doubt as to the health of the animal, the ordinary means should be immediately adopted to preserve the person bitten from the effects of hydrophobic poison. The dog, however, should not be destroyed. He ought rather, to be kept chained, or strictly confined for a few days. By so doing, all uncertainty regarding the dog's health may be obviated: for he will soon exhibit all the symptoms of hydrophobia, should he then be the subject of an attack. Destruction of the dog can in no way "lessen the tendency to hydrophobia" in the person bitten, if the dog be rabid at the time of biting the person; and, if he be not rabid, a good dog will in all probability be destroyed, and no good end secured. There is no "sympathy" existing subsequently between the dog who bites, and the individual who is bitten. Sorry indeed would we be if such were the fact. Thrice in our schoolboy days were we severely bitten, once, alas! on a most ignoble part as we were fast beating a retreat; but we have not the slightest dread of hydrophobia, even should our canine friends at any time become rabid.

We publish the following extract from a letter received from Quebec:—"Diarrhœa is very common here, and a fair sprinkling of cholera morbus, and cholera infantum also, but *no Asiatic cholera*, as a matter of course; there being no place nearer than the Crimea to import it from. We have, in fact, all the materiel to give impulse to Asiatic cholera, as—many of the streets and drains are open and emitting most offensive odors—hot weather, and new vegetables and fruits; enough to convince the most ultra non-contagionist that contagion in some way, and from some source is indispensible to originate an invasion of that fatal and fearful scourge. Professor Mitchell of Philadelphia, (no mean authority,) informed me the other day, that the opinion of the contagion of Asiatic cholera is gaining grounds among the leading members of the medical profession in the United States."

Portrait of Prof. Flint.—We have received a well executed engraving of Prof. Flint, who, for ten years has ably edited the Buffalo Medical Journal. It has now, however, passed out of our hands, into those of some warm friends of the Professor, who were desirous of having his portrait.

Messrs. Millar and Thompson.—We feel it were but right to return thanks to these gentlemen for the concession they lately evinced in permitting daguerrean likenesses to be taken of the United African Twins, for the benefit of the profession. Copies of these appear in the present number, and we would that we more often had an opportunity of becoming thankful for contributions equally interesting and valuable on account of the accompanying illustrations. Such zeal and liberality as our collaborateur has thus shewn in the cause of the common weal not only deserves imitation, but merits an expression of marked obligation.

Apothecary Montreal General Hospital.—We omitted to notice in our last the appointment of Mr. Alexander H. Kollmyer to the vacancy in the Apothecaryship of the Montreal General Hospital. After passing a very creditable examination, Mr. K. was comp imented by the Medical Staff for the proficiency he had manifested. We hope this approbation will be further inducement to him to continue in the path of progress he has entered, and we feel no doubt as to his rendering every satisfaction in the discharge of the trust consigned to him.

His Excellency the Governor General has been pleased to grant licences to practice Physic, Surgery and Midwifery in Upper Canada, to Thomas C. Scholfield, of Thornhill, gentleman ; Isaac Ryall, of Hamilton, Esq., M.B.; Robert K. Addison, of Loborough, gentleman ; Malcolm Ranny, of Toronto, Esquire, and John Salmon, of Simcoe, Esquire, M.B.

His Excellency the Governor General has been pleased to make the following appointments, viz. :—The Hon. Christopher Widmer, M.D., John Doel, and James Beatty, to be Trustees of the Toronto General Hospital.

Work on Mal-Practice.—Dr. S. Smith, Editor of the New York Journal of Medicine, has in course of preparation, a work on Medical Jurisprudence in its application to the practice of Medicine, Surgery, and Midwifery. Medical men have of late so frequently been arraigned before courts of law in the United States for alleged mal-practice, and in some cases, unjustly mulcted in heavy damages, the work which Dr. Smith purposes bringing out is very much needed. If any of

our readers can furnish such information as Dr. Smith solicits in the following letter, we hope they will forward it to his address.

Office of the New York Journal of Medicine,
183 Hudson Street, New York.

DEAR SIR:—I take the liberty of addressing you the above announcement of a work on Mal-Practice, and the accompanying circular, with the request that if any trial for alleged mal-practice has come under your observation, you will forward to me, if obtainable—

The Note and Charge of the Presiding Judge in such Suit; or the Notes of Legal Gentlemen engaged in the suit.

If these documents are not accessible to you, will you please return me such facts as you can obtain of cases where suits for mal-practice have been tried, or instituted and quashed, or even threatened? The points of particular interest are—

1. Names of parties to the suit; Court in which case was tried; Presiding Judge.
2. Date of trial.
3. History of the case in the treatment of which mal-practice was alleged, as nature of disease, injury, &c., complications, treatment, results, &c.
4. Testimony brought forward on the trial; opinions of experts, &c.
5. Opinions and Charge of Judge.
6. Verdict, &c., &c.

The strictest confidence will be observed in regard to names, facts, &c., communicated, and no use whatever will be made of them except in the preparation of this work.

If unable to advance the objects of this circular, will you place it in the hands of such medical or legal gentlemen as may have facts bearing on the subject of mal-practice, in medicine, surgery, or midwifery?

All communications will be duly acknowledged.

Truly yours,

STEPHEN SMITH.

BOOKS RECEIVED FOR REVIEW.

Bedford's Obstetric Clinique. Reese's Medical Lexicon. From Messrs S. S. & W. Wood, New York.

Hogan's Prize Essay on Canada.

Census Report of the Canadas for 1851-52. Vol. 2.

Tables of the Trade and Navigation of the Province of Canada, for the year 1854.

Rushton's Treatise on Cod Liver Oil.

CORRESPONDENCE.

OLEUM MORRHUÆ CUM QUINA.

(To the Editors of the Medical Chronicle.)

GENTLEMEN,—As the above preparation has attracted some attention in England and is frequently prescribed by medical men here, it may not be uninteresting to some of your readers if we describe the process we have found, after some experience, to be most successful.

A short notice of this article, appears in the London Pharmaceutical Journal of March, 1855, which, however, furnishes no exact formula for its preparation, and merely states, that it is a solution of anhydrous quinine in cod liver oil, prepared by adding the former in fine powder to the oil contained in a suitable glass vessel, and effecting the solution by heating in a water bath. We have observed, that by the continued application of heat, a very unpleasant flavor is communicated to the oil, so much so, as to form a serious objection to its use, and have endeavoured to avoid the difficulty in the following manner. We disolve the quina in a small quantity of strong alcohol, of sp. gr. O. 796, and find that when this solution is mixed with the oil and gently heated in a water bath, the quina is dissolved without difficulty, as the alcohol evaporates. By this simple method, a perfectly clear liquid is obtained free from the strong flavor, imparted by the ordinary process.

The following is the formula we have employed, obtaining anhydrous quinine:—

Quinæ Disulph. ʒi.
Aq. Ferventis destill, oij.

Dissolve the quinine in the boiling distilled water, then add liq. ammoniæ in slight excess, and collect; and carefully wash the precipitated quina. This should be dried on filtering paper and fused in a porcelain dish, in a sand bath. Thus obtained, it presents the sppearance of resin, being of a dark brown color, translucent and soluble in almost any proportion in fixed oils. We have generally made our solution of the strength of 2 grs. of quinine, to one ounce of cod liver oil, but this may, of course, be varied to suit the pleasure of the prescriber.

A solution of caustic soda, might be substituted with some advantage for liq. ammoniæ, as quina is slightly soluble in excess of the latter, causing a slight loss which may be avoided by using the former precipitant.

We remain
Gentlemen,
Yours truly,
S. J. LYMAN & Co.

MEDICAL NEWS.

Dr. Dieti of the Vienna Hospital has published his investigations as to the curative powers of nature and arrived at this deduction, in 85 cases of pneumonia treated by blood letting 16 died; of 106 cases by Tartar emetic 22 died; while of 189 cases left to the curative power of nature, without medicine, only 14 died.—Dr. Rimball of London, lately removed from the abdomen of a lady in Lennox, an ovarian tumor weighing 45 pounds. She is now in a fair way of recovery.—Professor Dugas, in the Medical College of Georgia, a few days since, had to extirpate a large tumor on the back weighing about 10 pounds.—The total number of deaths in Chicago last year was 3,827, of which 1,434 were from cholera.—Agassis is preparing to publish the results of his laborious investigations on the Natural History of the United States. It will be issued in about 10 large volumes, each complete in itself and for sale separately at 12 dollars.—The Massachusetts College of Pharmacy have petitioned the City Government that its members in Boston may be appointed agents to sell spirituous liquors for chemical, medicinal and mechanical purposes.—Tartar Emetic in 7 doses has been lately recommended as a remedy for drunkenness by Dr. Gilbert in the Lancet.—186 children were vaccinated at the Williamsburg, (N. Y.) Dispensary between the 1st and 20th May.—The "Stethescope" periodical has been purchased by the publishers Messrs. Ritchie and Dunnavant by whom it will be issued regularly as heretofore.—Infusion of senna made with cold water is tasteless, it should macerate for 12 hours; it contains the cathartic and coloring matters leaving the essential oil, the fatty matter and the irritating resin which are only soluble in hot water. If concentrated by subsequent evaporation it may be prescribed in small doses.—The anœsthetic effects of congelation as proposed by Professor Arnott have been lately tested in operations in the London Hospitals; they appear to be confined merely to the skin.—At Aleppo there is an hospital for cats. It was founded by a rich Mussulman and is one of the best endowed institutions in the city. Here sick cats are nursed, homeless cats find shelter and decrepid cats gratefully pur away their declining years. The whole category embraces several hundreds and it is quite a sight to behold the court, the corridors and terraces of the mosque swarming with them.—The cost of advertising quack medicines in the United States annually is estimated at $2o0.000.—A Mrs. Miller of Harrisburg, Pa., at her first confinement gave birth to 2 children; at her second to 3 and some time ago at her third to 5 boys, making in all 10 children in 4 years and all living.—Four millions of men in China are said to be opium drunkards and 400,000 die annually.—Louis Durand who died at Panama a few years ago at the age of 90 had been, it is said, the father of over 100 children.—The celebrated Dr. Martin Barry especially distinguished for researches in embryology, has paid the debt of nature. He died at the age of 53, at Beccles in Suffolk.—Dr. Bartlett has, from continued ill health, been obliged to resign the chair of Materia Medica in College of Physicians and Surgeons, N. Y. He has been appointed Emeritus professor. Dr. J. M. Smith has been appointed Professor of Materia Medica and Clinical Medicine.—Dr. Soma attributes to belladonna more energy and quickness of action as an ecbolic than ergot possesses.—The Indians (black feet and other tribes) use the rattle of the rattle snake not only to hasten labor, but to produce abortion. The common dose is one rattle, sometimes increased to two, which are taken pulverized and mixed with water.—The blood of the garter snake is sometimes used for the same purpose.—M. Jeoffrey, St. Hilaire, has been recently delivering lectures to the people of Paris, upon the value of horse flesh as food, and recommends it as a good substitute for beef.—Walton & Maberly, publishers, gave Mr. Erichsen £1000 for his late work on surgery. Other publishers actually considered it worth nothing. It has been refused a place in the College of Surgeons Library, London.—A woman recently died at Whitechapel, aged 53, of whom the Registrar says—'Bed sore [about seven days], obesity, supposed to weigh about 23 or 24 stone.'—At Liverpool the supply of fresh water from all sources is 62,000,000 gallons aweek—the requirement is 60,000,000. Sea water is used for watering the streets.—A prize of $100 is offered to the physicians of Alabama by the State Association for the best essay during the present year on some medical subject.—Bischoff, the eminent physiologist, so well known for his researches in embryology, is about to leave the University of Giessen for that of Munich. The latter institution will thus have deprived that of Giessen of two of its greatest ornaments, viz., Baron Liebig and M. Bischoff.

THE

MEDICAL CHRONICLE.

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ORIGINAL COMMUNICATIONS.

ART. X.—*Malaria.* By Dr. Henry, Inspector General of Hospitals H. P.

The proper elucidation of this comprehensive subject, would require ten times the space of an article in a magazine, and also ten times the abilities of the writer of this. He presumes not thus far, and only ventures a few remarks on what may be called *vegetable malaria*;* founded chiefly on his own experience.

There are some well known unhealthy spots in Europe, possessing great unchangeableness of character, and retaining still the same insalubrious reputation that was attached to them many hundred years ago. In spite of repeated but futile attempts at draining, under the Republic, the Cæsars, and the Papal Government, the Pontine Marshes and the whole Maremma are at present, as unfavorable to human life, as they were before the Christian Era. Indeed, their deadly area seems to have extended during the present century, and to have invaded Rome itself, on one bank of the Tiber. It is said, too, that several of the elevated towns in the neighbourhood, to which in former times, the shepherds and peasants repaired at night, to pass the dangerous hours of sleep, no longer afford them protection. The river shores of the Danube, and the adjacent country, as we know by the painful military experience of the last year, are as unhealthy now as when Ovid was banished to Thrace. The South of Spain, especially the banks of the southern rivers, are infested by fevers; and Spanish writers assert that this has been the case from time immemorial. Yet, it may be reasonably doubted; for we can

* For a long time, it was believed that the decomposition of vegetable substances, combined with heat and moisture, gave rise to fevers of the Remittent and Intermittent type; but this has been much doubted since the publication of a striking paper by Dr. Ferguson, Army Physician, *Marsh Poisons*, in the *Edinburgh Philosophical Transactions*. The writer was well acquainted with Dr. Ferguson, in the Peninsula in 1812 and 13, and served as his assistant. Notwithstanding, that clever and amiable, but somewhat crotchetty gentleman's specious arguments in this matter, the writer adheres to the old faith.